

Derbyshire County Council

ANNUAL REPORT

OF THE
COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1966

BY

J. B. S. MORGAN

B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH

HEANOR, DERBYSHIRE :
ARTHUR GAUNT & SONS (PRINTERS) LTD.



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COUNTY HEALTH COMMITTEE

(As at 31st December, 1966)

ALDERMAN MRS. E. HARRISON
(Chairman)

ALDERMAN M. HEWITT
(Vice-Chairman)

Aldermen

J. ANDERSON
J. CARTER
G. COCKER

MRS. E. G. REDFERN
MRS. D. M. SUTTON
E. WRIGHT
A. F. T. WYATT

Councillors

H. S. ARMITAGE
F. BLUNT
S. F. COLLINS
R. CRESSWELL
J. DENTON
H. FISHER
W. GARDNER
F. JOHNSON

W. MCBAIN
C. J. MERREY
MRS. G. M. MOORE
K. A. PRIESTNALL
J. STEVENSON
W. H. WHITEHEAD
J. WILLIAMSON
G. H. WOODHAM

Co-opted Members

DR. R. R. LANE
R. BONNER-WILLIAMSON, Esq.
J. BRAMLEY, Esq.

MISS M. E. GRIMWOOD-TAYLOR
MRS. P. E. WILLIAMS

Ambulance Sub-Committee

ALDERMAN J. CARTER
ALDERMAN MRS. E. HARRISON
ALDERMAN M. HEWITT
ALDERMAN A. F. T. WYATT

COUNCILLOR F. BLUNT
COUNCILLOR S. F. COLLINS
COUNCILLOR H. FISHER
COUNCILLOR W. H. WHITEHEAD
COUNCILLOR J. WILLIAMSON

Mental Health Sub-Committee

ALDERMAN J. CARTER
ALDERMAN MRS. E. HARRISON
ALDERMAN M. HEWITT
ALDERMAN MRS. D. M. SUTTON

COUNCILLOR F. BLUNT
COUNCILLOR H. FISHER
COUNCILLOR W. GARDNER
COUNCILLOR W. MCBAIN
COUNCILLOR K. A. PRIESTNALL
COUNCILLOR W. H. WHITEHEAD
COUNCILLOR J. WILLIAMSON

Co-opted Members:

ALDERMAN MRS. A. M. BELFIELD, ALDERMAN L. HEATH, DR. H. BAILEY, DR. W. J. BARBOUR, DR. G. H. COLLINS, DR. T. L. PILKINGTON, DR. J. STIRLAND, DR. J. A. STIRLING, DR. J. C. M. WILKINSON, TOGETHER WITH THE MEDICAL SUPERINTENDENTS OF KINGSWAY HOSPITAL, ASTON HALL HOSPITAL and WHITTINGTON HALL HOSPITAL.

Staff Sub-Committee

ALDERMAN J. CARTER
ALDERMAN MRS. E. HARRISON
ALDERMAN M. HEWITT
ALDERMAN MRS. D. M. SUTTON
ALDERMAN A. F. T. WYATT

COUNCILLOR S. COLLINS
COUNCILLOR W. H. WHITEHEAD

Child Minders Sub-Committee

ALDERMAN MRS. E. HARRISON

ALDERMAN M. HEWITT

Local County Councillor as appropriate to each application.

Laundry Service Sub-Committee

ALDERMAN J. CARTER
 ALDERMAN MRS. E. HARRISON
 ALDERMAN M. HEWITT
 ALDERMAN MRS. E. G. REDFERN
 ALDERMAN MRS. D. M. SUTTON
 ALDERMAN A. F. T. WYATT

COUNCILLOR MRS. G. M. MOORE

Home Help Service Sub-Committee

ALDERMAN MRS. E. HARRISON
 ALDERMAN M. HEWITT
 ALDERMAN MRS. D. M. SUTTON

COUNCILLOR S. F. COLLINS
 COUNCILLOR MRS. G. M. MOORE

A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December, 1966, its membership was as follows:—

Representing the County Health Committee

ALDERMAN MRS. E. HARRISON (*Chairman*)
 ALDERMAN M. HEWITT
 ALDERMAN MRS. D. M. SUTTON
 COUNCILLOR K. A. PRIESTNALL

Representing the Education Committee

ALDERMAN MRS. G. BUXTON
 ALDERMAN J. B. HANCOCK
 ALDERMAN H. TURNER
 COUNCILLOR T. R. WRIGHT

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE

(As at 31st December, 1966)

ALDERMAN A. F. T. WYATT

(*Chairman*)

Aldermen

J. ANDERSON
 H. G. BOOTH
 G. W. COCKER

A. FOWLER
 MRS. D. M. SUTTON

Councillors

W. H. BAKER
 F. R. BOTT
 M. W. BOWMER
 J. W. DENTON
 F. W. ELDRIDGE
 J. P. GADSBY
 J. G. A. GREEN
 MRS. D. HARDMAN

L. HARRIS
 T. T. JENNINGS
 J. MCKAY
 C. MITCHELL
 D. E. SKINNER
 G. SMITH
 J. W. TRIPPETT

Milk Licences Sub-Committee

ALDERMAN A. F. T. WYATT

Rural Water Supplies and Sewerage Acts Sub-Committee

ALDERMAN G. H. BOOTH
 ALDERMAN A. F. T. WYATT

COUNCILLOR M. W. BOWMER
 COUNCILLOR F. W. ELDRIDGE
 COUNCILLOR J. MCKAY

*To the Chairman and Members of the
Derbyshire County Council.*

Ladies and Gentlemen,

I have the honour to present the 77th Annual Report on the health of the County of Derby.

The **Birth Rate** and **Death Rate** from all causes per 1,000 of the population (which was estimated by the Registrar-General in mid-1966 to be 783,340) were respectively 16·92 and 12·29. (The corresponding rates for England and Wales (provisional) were 17·7 and 11·7.) The falling national birth rate has reached its lowest level since 1961. The **Infant Mortality** rate was 17·25 deaths under one year of age per 1,000 live-births, compared with 17·20 last year, which was the lowest figure ever recorded in this County. (The provisional figure for England and Wales was 18·9, which was the lowest ever recorded in this country). The Table on page 15 sets out the figures for Derbyshire since 1930; your attention is also drawn to the tables on page 16 relating to neo-natal and early neo-natal mortality, as well as to the comments on perinatal mortality. The late Professor W. C. W. Nixon, Professor of Obstetrics at University College Hospital, London, said "The first day of life is the most dangerous day, and there are more deaths then than between one and twenty-five years".

The **Maternal Mortality** rate was 0·44 per 1,000 live- and still-births, comparable with 0·072 last year. These two rates respectively represent six deaths and one death from this cause. The table on page 42 shows the mortality over the past sixteen years. (For England and Wales the rate was 0·26 (provisional)). The percentage of **Illegitimate Births** was 5·38. (The figures since 1963 have been: 4·17; 4·55; 4·95; and 5·38).

There were 8,756 **deaths**, compared with 8,340 in the previous year.

Of the 8,756 **deaths**, 1,145 were certified as being due to **heart disease** and 1,323 as being due to **vascular lesions of the nervous system**. The number of deaths from **coronary disease**, including **angina pectoris**, which had shown a gradual rise during the past few years, from 942 in 1954 to 1,520 in 1962, dropped to 1,504 in 1963, but rose to 1,605 in 1964, to 1,644 in 1965, and to 1,791 in 1966.

During the year there were 1,487 deaths which were certified as being due to **malignant disease**: the lesion was in the stomach in 226 patients, in the lung or bronchus in 339, in a breast in 117 and in the uterus in 54.

The headings under which deaths were tabulated were changed in 1950, and consequently the individual figures prior to that year are not strictly comparable with those that have been provided subsequently. It is proposed, therefore, to set out in the following table the deaths from respiratory tuberculosis and cancer of the lung, for 1950 and subsequent years:—

Year	Deaths from		Total
	Respiratory Tuberculosis	Malignant Neoplasm of lung or bronchus	
1950	154	141	295
1951	119	157	276
1952	110	167	277
1953	113	165	278
1954	80	165	245
1955	74	173	247
1956	51	233	284
1957	51	210	261
1958	46	230	276
1959	34	250	284
1960	39	300	339
1961	29	267	296
1962	33	276	309
1963	27	296	323
1964	24	308	332
1965	29	335	364
1966	28	339	367

The number of deaths from **bronchitis** in the administrative County in the year under review was 485 while last year it was 510.

In July a total of 9 cases of **diphtheria** were notified in the Urban District of Staveley and the Rural District of Chesterfield, of whom 2 unfortunately died. Apart from 2 adults, all the patients were children ranging from 6 to 11 years of age. There were no cases of diphtheria in this County during the period 1962 to 1965 inclusive, although 2 cases occurred in 1961 after five successive years without one. These sporadic outbreaks, of course, indicate the need for constant watchfulness with regard to its prevention.

In my opinion there are many components in determining the efficient operation of the National Health Service Act: the provision of buildings and equipment; the performance of administrators, locally and centrally; the skill and knowledge of the professional staff employed; the decisions taken by politicians operating centrally and locally in determining priorities and the amount of money allowed; and last, but by no means least, the habits and demands of the general public. It should be said that enthusiasts should be careful about their promises, particularly in the professional and political fields, otherwise it might stimulate inordinate demands from the general public. It would be unfortunate if this Act, which is so excellent in broad conception, floundered because (i) the best brains of this country were attracted to other fields of endeavour where the

conditions of service were better; (ii) insufficient money being provided for its satisfactory operation; and (iii) the excessive demands of the general public.

In an article in the *Times* of June 14th, 1966 entitled "Can Private Practice save the Health Service?" by Patrick Wood it is stated "The Prime Minister has described the Health Service as the very temple of the Nation's social security system". If this is accepted as fair comment, it would be unfortunate if the Health Service could not be adequately manned through failure to appreciate that the best aid for recruitment is a satisfied officer.

Now that a computer has been installed in the County Offices, which may in the course of time prove of assistance to the Health Department, it may be regarded as not irrelevant at this juncture to quote what the Rt. Hon. Lord Cohen of Birkenhead, the eminent physician, wrote in the *Royal Society of Health Journal* in the May/June, 1966, issue:—

"During the past ten years, the role of computers in the diagnosis of disease has been studied. They have been found to be of value in the analysis of laboratory and instrumental data and to aid diagnosis by providing in obscure cases a number of alternative answers which may fit the group of symptoms, signs and laboratory data, found in a given patient. No-one would claim, however, that the computer will ever replace the doctor, for it takes a man and not a machine to understand a man, but it may well on occasion help the doctor to make better use of his talents. The best practice of the art of caring for the sick demands sympathy and understanding, what the ancients called "caritas", and these no machine can provide."

I attended a meeting of the United Kingdom Committee for the World Health Organisation in London on 7th April, 1967, when a talk was given by Dr. E. F. Krohn of the European Office of the Organisation. If I remember correctly, Dr. Krohn was a Finn, but he had a wonderful command of English. Some of the comments that he made impressed me greatly, and I thought a few extracts from his talk might be of interest to you:—

"The Physician is the central figure round whom health services are built and function. But the efficiency and output of a country's health institution also depend on the personnel who support him.

The progress of medical science has made the need for that support so great that team work has become an essential feature of all health care. The day of the solitary research worker or the single handed Physician providing every form of medical care for his patients has, indeed, passed. The 'team' is the most efficient instrument for combining the efforts of health workers with different skills and experience for the greater benefit of the individual patient or for the health care of a community.

The partners in health are not limited to members of the health professions. The economist who helps to increase production and buying power, the road builder who makes it easy to reach a health centre, the educator who banishes illiteracy and widens his pupil's comprehension of the value of life all contribute to prosperity and welfare."

Once again I have to thank the respective Chairmen and Members of the County Health, Education, and the Weights and Measures and Miscellaneous Services Committees for their support in obtaining improvements to the Health Services; the County Clerk and the Heads of Departments for their co-operation; and the members of my own Department for their loyal assistance and not least my Deputy, namely Dr. V. J. Woodward, the Principal Dental Officer, the Senior Medical Officers for Maternal & Child Welfare and School Health, the Supervisors of Health Visiting, Home Nursing and Midwifery, the Ambulance Officer, the Public Health Inspector, and the Chief Clerk, throughout a year in which a great deal of thought continued to be given to expanding services.

I am,

Your obedient Servant,

J. B. S. MORGAN.

County Medical Officer of Health.

*County Offices,
Matlock,
(Telephone No. Matlock 3411).
8th June, 1967.*

**MEDICAL AND DENTAL STAFF OF THE
COUNTY HEALTH DEPARTMENT
(31st DECEMBER, 1966)**

COUNTY MEDICAL OFFICER OF HEALTH

J. B. S. MORGAN, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH

V. J. WOODWARD, M.B., Ch.B., D.P.H.

TEMPORARY SENIOR MEDICAL OFFICER FOR MATERNAL AND CHILD WELFARE

FRADA ESKIN, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER FOR MENTAL HEALTH

Vacant.

SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH AND HEALTH EDUCATION

JULIA M. D. CORRIGAN, M.B., B.Ch., B.A.O., D.P.H.

MEDICAL OFFICER FOR CHESTERFIELD BOROUGH

H. BAILEY, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS

W. J. MORRISSEY, M.B., B.Ch., B.A.O., D.P.H.

H. E. NUTTEN, M.B., Ch.B., D.P.H.

A. R. ROBERTSON, M.B., Ch.B., D.P.H.

MARY SUTCLIFFE, M.A., M.B., B.Ch., D.P.H.

P. WEYMAN, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

C. G. WOOLGROVE, M.B., Ch.B., D.P.H.

MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

EILEEN M. BEDFORD, M.B., Ch.B.

ELLEN M. M. MURPHY, M.B., B.Ch., B.A.O., D.P.H.

BARBARA HUTCHINSON-SMITH, M.B., Ch.B., D.C.H.

ASSISTANT MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

THELMA S. ADAMS, M.B., Ch.B.

JANE ARMOND, M.R.C.S., L.R.C.P., M.B., B.S. (Part-time)

FRANCES G. BRILL, B.A., M.B., B.Ch., B.A.O.

R. E. DEAN, L.R.C.P., L.R.F.P.S.

CRISTINE M. DAVENPORT, M.B., Ch.B.

J. DUTHIE, M.B., Ch.B.

J. A. GAWTHORPE, M.B., Ch.B.

E. ANN B. GELDER, M.B., Ch.B.

WINIFRED GOW, M.B., Ch.B.

EVELYN B. HORTON, M.B., Ch.B. (Part-time)

J. A. HOWE, M.B., Ch.B., L.R.C.P., M.R.C.S. (Part-time)

MARY HUGHES, M.B., Ch.B. (Part-time)

D. J. HUNT, M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)

BRIDGID J. HUNTER, M.B., B.Ch., B.A.O. (Part-time)

EMILY B. JOHN, M.B., B.S., L.R.C.P., M.R.C.S.

JOAN B. M. LEITH, M.B., B.Ch., B.A.O. (Chesterfield Borough)

ALICE T. McHUGH, L.R.C.P. & S.E., D.P.H., D.C.H.

MARGARET J. NETTLESHIP, M.B., Ch.B., D.P.H. (Part-time)

ELEANOR M. SINGER, M.Sc., L.R.C.P., M.R.C.S., D.C.H. (Part-time)

HELEN B. SPINK, M.R.C.S., L.R.C.P. (Part-time)

G. STOREY, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.

MONICA TISDALL, M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)

TEISI URTSON, Med-Dip. (University of Tartu)

DENTAL STAFF

Chief Dental Officer: H. E. GRAY, L.D.S.*Dental Officers:* J. S. BENNETT, B.D.S.

MARGUERITE FORD, L.D.S.

A. HIRST, B.D.S., L.D.S.

A. Y. JADWAT, B.D.S. (Part-time)

SHEILA D. WELBOURN, B.D.S. (Part-time)

Chesterfield Borough:

C. C. GRANT, L.D.S., Senior Dental Officer.

M. E. J. COAD, L.D.S.

W. F. O'DALY, L.D.S. (Part-time)

BIRTH RATE, INFANT MORTALITY RATE AND DEATH
RATE DURING THE LAST SEVENTY-SIX YEARS

Year		Birth Rate per 1,000 of Population	Infant Mortality per 1,000 Births	Death Rate from all Causes per 1,000 of Population
1891 to 1900	WHOLE COUNTY England and Wales	33.7 29.9	147 153	17.1 18.3
1901 to 1910	WHOLE COUNTY England and Wales	28.5 27.1	126 128	14.1 15.3
1911 to 1920	WHOLE COUNTY England and Wales	24.07 21.90	99 100	12.66 13.85
1921 to 1930	WHOLE COUNTY England and Wales	19.73 18.36	70.7 71.7	10.92 12.14
1931 to 1940	WHOLE COUNTY England and Wales	15.7 14.93	56.7 58.6	11.31 12.26
1941 to 1950	WHOLE COUNTY England and Wales	18.25 17.02	41.99 42.88	10.94 11.72
1951 to 1960	WHOLE COUNTY England and Wales	15.43 15.82	26.20 24.80	11.70 11.62
1961*	WHOLE COUNTY England and Wales	16.08 17.5	19.93 21.4	12.83 11.9
1962*	WHOLE COUNTY England and Wales	16.94 17.9	21.60 21.7	12.80 11.9
1963*	WHOLE COUNTY England and Wales	17.11 18.1	19.26 21.1	12.31 12.2
1964*	WHOLE COUNTY England and Wales	17.29 18.4	17.74 19.9	12.15 11.3
1965*	WHOLE COUNTY England and Wales	17.31 18.1	17.20 19.0	11.68 11.5
1966*	Urban Districts	16.65	18.73	12.57
	Rural Districts	17.11	15.98	11.84
	WHOLE COUNTY	16.92	17.25	12.29
	England and Wales	17.7†	19.0†	11.7†

* See note on page 14

† Provisional

REPORT OF THE HEALTH OF DERBYSHIRE FOR THE YEAR 1966

In January, 1967, the Ministry of Health issued Circular 1/67 concerning the "Annual Report of the Medical Officer of Health for 1966". Relevant extracts from the first two paragraphs of the circular read as follows:—

"I am directed by the Minister of Health to refer to Regulation 5 (3) and Regulation 15 (5)* of the Public Health Officers Regulations, 1959, under which the Medical Officer of Health is required as soon as practicable after the 31st December in each year to make a report for that year to the Council, with copies to the Minister, dealing with the sanitary circumstances, sanitary administration and vital statistics of the area and containing, in addition to public health matters upon which he may consider it desirable to report, any information required by the Minister. I am to ask that the Council will give directions for the preparation as soon as possible of the Annual Report of the Medical Officer of Health for the year 1966. . . .

2. The Annual Report of the Medical Officer of Health is specially valuable as a source of information about the state of the public health of the area. In order that the Report for 1966 should be of the greatest value for this purpose the Minister suggests that, among other things, it should deal with the matters referred to in the following paragraphs . . ."

(The circular then gives particulars of certain points which should be covered in the annual report, including vital statistics, co-ordination of services, congenital defects and fluoridation of water supplies).

Regulation 5 of the Public Health Officers Regulations, 1959, which is mentioned above, reads as follows:—

"MEDICAL OFFICERS OF HEALTH OF COUNTIES.

Duties.

5. A medical officer of health of a county shall, in respect of the county for which he is appointed, in addition to any other duties which may be assigned to him by the county council, carry out the following duties:—

- (1) he shall inform himself as far as practicable respecting all matters affecting or likely to affect the public health in the county and be prepared to advise the county council on any such matter; and for this purpose he shall visit the several county districts in the county as occasion may require, giving to the medical officer of health of each county district prior notice to his visit, so far as this may be practicable;
- (2) he shall perform all the duties imposed on a medical officer of health of a county by statute and by any orders, regulations or directions from time to time made or given by the Minister;
- (3) he shall as soon as practicable after the 31st day of December in each year make an annual report to the county council for the year ending on that date on the sanitary circumstances, the sanitary administration and the vital statistics of the County, containing in addition to any other matters upon which he may consider it desirable to report, such information as may from time to time be required by the Minister, and furnish the Minister with as many copies of such reports as the Minister may from time to time require;
- (4) he shall furnish the Minister with one copy of any special report which he may make to the county council".

*(Regulation 15 (5), which is mentioned in the Ministry circular, is applicable to Medical Officers of Health of District Councils).

AREA, POPULATION AND RATEABLE VALUE

The Administrative County of Derby comprises twenty-nine Sanitary Districts, four of which are Municipal Boroughs, sixteen Urban Districts and nine Rural Districts.

The County has an area of 635,396 acres, 98,065 in Municipal Boroughs and Urban Districts and 537,331 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1966 was as follows:—

Municipal Boroughs	144,220
Urban Districts	235,220
Rural Districts	403,900
<hr/>	
Total Administrative County ..	783,340
<hr/>	

The rateable value of the Administrative County for the year 1966/67 for the County Rate purposes is £25,605,859, and a penny rate over the whole County is estimated to produce the sum of £100,287.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS

Derbyshire includes the southern extremity of the Pennines, hills which are bounded to the south by the broad valley of the Trent and are penetrated deeply by that river's tributaries, the Derwent and Dove. The south of the County forms part of the English Midlands with a climate which though variable is rarely extreme. To the north, the hills, rising to over 2,000 feet in Kinder Scout, sometimes contribute to rigorous conditions in winter including a high rainfall and humidity.

The most densely populated part of the County is the eastern coalfield, where the collieries, coke ovens and blast furnaces have been progressively reduced in numbers in recent years, output now being concentrated in relatively few large concerns. Many other heavy industries, such as chemical production, iron foundries and engineering flourish on the coalfield and the textile and clothing industries provide employment for women, particularly since the war. Atmospheric pollution from the heavy industries, railways and burning waste heaps remains a problem though less severe than in former years. To the south of the coalfield, textile industries, notably hosiery and lace, with many light engineering concerns, are prominent in the area between Nottingham and Derby and many people resident in this part of the County travel to work to offices and varied industries of these County Boroughs. The Derwent Valley played a prominent part in the development of the cotton and hosiery industries, which still flourish in several large factories, and the valley also contains dyeworks, foundries and wireworks. At Matlock, in the centre of the County, the County Council has its offices and the town is also a popular resort due to its spectacular

scenery. In the south-west of the County a small coalfield has a well established pottery industry, while nearby on the Trent two groups of power stations have brought new problems of atmospheric pollution by dust and sulphur dioxide. In the north-west, beyond the spa and conference centre of Buxton, a group of manufacturing towns long dependent on the cotton industry have in recent years achieved a more diversified economy. Brake linings and other asbestos products, paper, brushes, clothing and electrical goods and canned foods are all made, often in former cotton mills, but bleaching and textile printing remain important.

The rural areas of the County support a flourishing agricultural economy and important market centres. Specialisation on milk production has resulted in milk and cheese factories. Mineral deposits are worked in many places, the limestone quarries including the largest in Europe. Works processing the minerals tend to produce dust, particularly in the case of cement works and lime kilns, but the lead smelters which were formerly notorious are no longer a problem. The mineral processing plants include several classed as "Refractories Industries" some of which may make workers liable to pulmonary disease. Away from the quarries the rural areas are noted for their fine landscape, which has attracted increasing numbers of visitors in recent years, assisted by the activities of the Peak Park Planning Board which administers Britain's first National Park.

VITAL STATISTICS

The Ministry of Health has asked for certain vital statistics to be presented in Annual Reports in a uniform manner, in order to facilitate ease of reference. The figures have therefore, been set out below on the lines suggested.

(NOTE: The birth and death rates for each County District and for the County as a whole for the years 1954 onwards are not strictly comparable with previous years. The reason for this is that to make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the areas concerned should be multiplied by an "area comparability factor", which has been provided by the Registrar-General since 1954.

Since 1957, the death rate area comparability factors have also been adjusted to take account of the presence of any residential institutions in each area. When the local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rates for any other area. The comparability factors for the administrative County for the year 1966 are as follows:—for births: 0.99; for deaths: 1.10.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Live Births—Legitimate ..	6,489	6,183	12,672
—Illegitimate ..	348	372	720
<i>Total</i>	<u>6,837</u>	<u>6,555</u>	<u>13,392</u>

Live birth rate per 1,000 population	16·92
Illegitimate live births per cent of total live births ..	5·38
Stillbirths—Number	223
—Rate per 1,000 total live and still-births ..	16·38
Total live- and still-births	13,615
Infant deaths (deaths under one year)	231
Infant mortality rates—	
Total infant deaths per 1,000 total live-births ..	17·25
Legitimate infant deaths per 1,000 legitimate live-births	16·97
Illegitimate infant deaths per 1,000 illegitimate live-births	22·22
Neo-natal mortality rate (deaths under four weeks per 1,000 total live-births)	12·10
Early neo-natal mortality rate (deaths under one week per 1,000 total live-births)	11·13
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live- and still-births) ..	27·32
Maternal mortality (including abortion)—	
Number of deaths	6
Rate per 1,000 total live- and still-births	0·44
Number of deaths from all causes	8,756
Death rate per 1,000 of the estimated population ..	12·29
Deaths from Cancer (all ages)	1,487
Death rate from Cancer	2·09

INFANT MORTALITY RATE

(Infants dying under one year per thousand live births)

<i>Year</i>	<i>Rate</i>
1930	61·4
1935	56·6
1940	55·4
1945	44·5
1950	30·19
1955	29·14
1960	19·74
1961	19·93
1962	21·60
1963	19·26
1964	17·74
1965	17·20
1966	17·25*

*The rate for England and Wales in 1966 was 18·9 (provisional).

NEONATAL MORTALITY RATE

Infants dying under four weeks of age (per thousand live births)

<i>Year</i>	<i>Number of Neo-natal Deaths</i>	<i>Rate per 1,000 Live Births</i>
1950	188	17·4
1955	210	20·3
1960	166	13·54
1961	179	14·56
1962	198	14·95
1963	161	12·16
1964	160	11·88
1965	153	11·25
1966	162	12·10*

*The provisional figure for England and Wales is 12·9.

EARLY NEONATAL MORTALITY RATE

(Infants dying under one week per 1,000 live births)

Number of early neonatal deaths	149
Early neonatal mortality rate	11·13

The following table provides an analysis of the causes of death of the 162 children who died during 1966 under four weeks of age, as well as of the 149 children who died under one week of age:—

<i>Causes of Death</i>	<i>Number of Deaths under 4 weeks of age</i>			<i>Number of Deaths under one week</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Congenital malformations	24	20	44	22	15	37
Birth accident	14	4	18	13	4	17
Infections	5	10	15	4	7	11
Asphyxia	15	2	17	15	2	17
Prematurity	36	20	56	35	20	55
Congenital malformations and prematurity ..	2	3	5	2	3	5
Births accidents and prematurity	1	—	1	1	—	1
Infections and prematurity	1	—	1	1	—	1
Haemolytic disease of New-born	3	2	5	3	2	5
Other	—	—	—	—	—	—
Totals	101	61	162	96	53	149

SUMMARY.—From the foregoing pages it can be seen that the infant mortality rate was 17·25 per 1,000, which represents 231 children who died under one year of age (compared with a rate of 18·9 (provisional) for England and Wales).

Of the 231 children, 162 died within four weeks, giving a neonatal death rate of 12·10 per 1,000. The majority of those infants (149) died within the first week, giving an early neonatal mortality rate of 11·13 per 1,000 live-births.

PERINATAL MORTALITY RATE

The perinatal mortality rate (i.e., still-births and deaths under one week combined, per 1,000 live-and still-births) for 1966 was 27·32 (The comparable (provisional) rate for England and Wales was 26·3).

(The term “perinatal mortality” is used to connote a combination of still-births with deaths occurring during the whole or part of the neo-natal period. It is hoped by this combination to avoid the fallacies which are liable to occur when the still-birth and neo-natal mortality rates are considered separately, as in many cases it is merely a matter of chance whether the foetus dies within the womb, in the birth passage, or immediately following birth. The concept of perinatal mortality, by providing for consideration a period of time covering these events, eliminates the chance effect and may enable a juster estimate to be made of the factors involved in their causation. It has been suggested that probably the most useful combination is still-births plus deaths during the first week).

CONGENITAL ABNORMALITIES

During the year, 172 children have been notified to the Ministry of Health as having congenital abnormalities. Of these 41 were still-born and 32 died in the first week of life. Classifying each case according to the major deformity present they fell into the following categories:—

Central nervous system ..	76
Eye, ear	1
Alimentary system ..	16
Heart and great vessels ..	7
Respiratory System ..	1
Uro-genital system ..	10
Limbs	42
Other skeletal	3
Other systems	7
Other malformations ..	9
Total ..	<hr/> 172 <hr/>

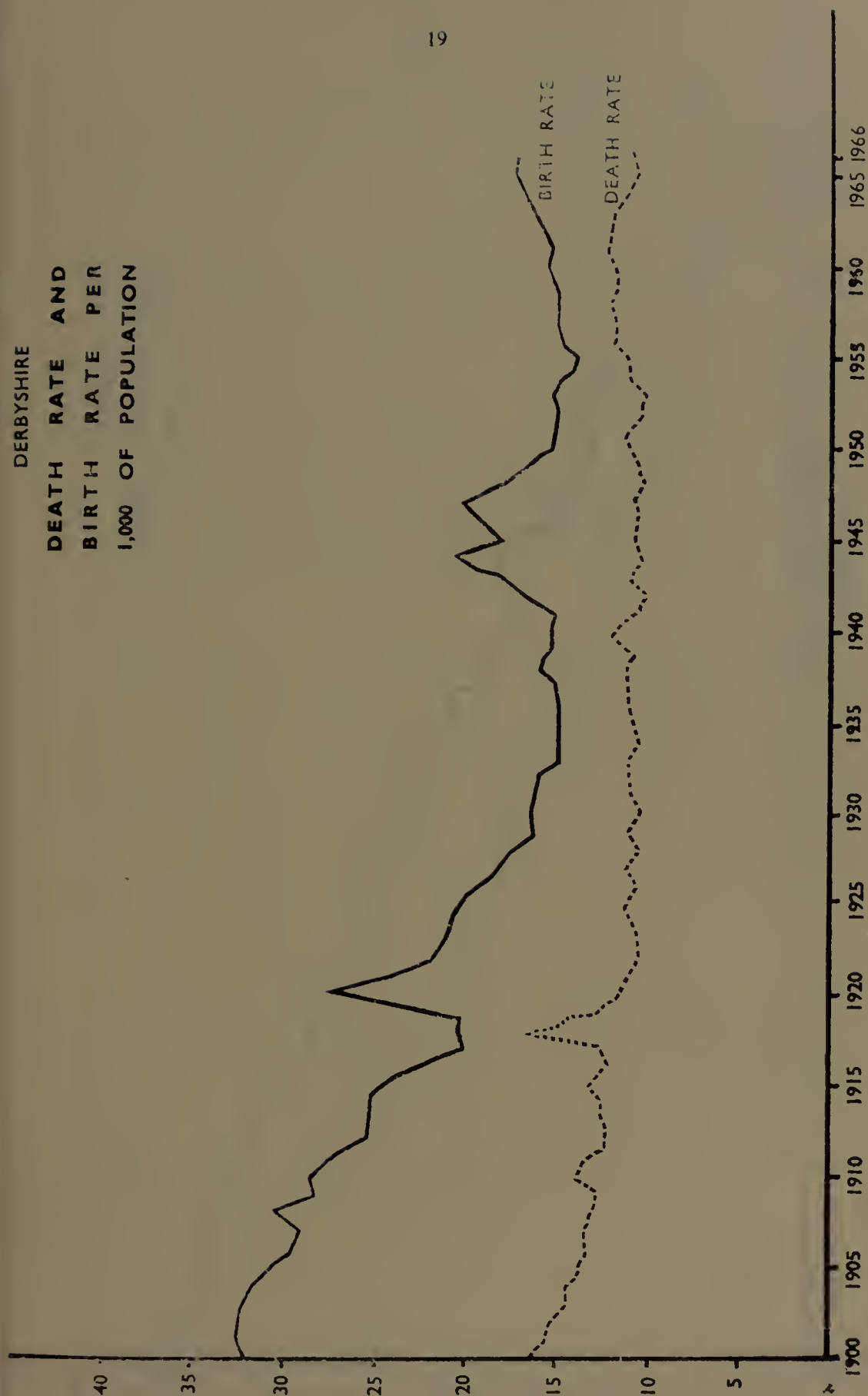
Since the notifications have been restricted to those defects diagnosed at birth, a high proportion are abnormalities of the central nervous system and of the limbs which are readily diagnosed in the new born infant. Some of the defects of the limbs, such as polydactyly and syndactyly, will not lead to any degree of handicap. The defects of the nervous systems are frequently accompanied by other defects and the child will often be handicapped to some extent throughout life.

The hospitals, General Medical Practitioners and Midwives have co-operated in supplying the information. Cases in which the diagnosis was doubtful have not been included.

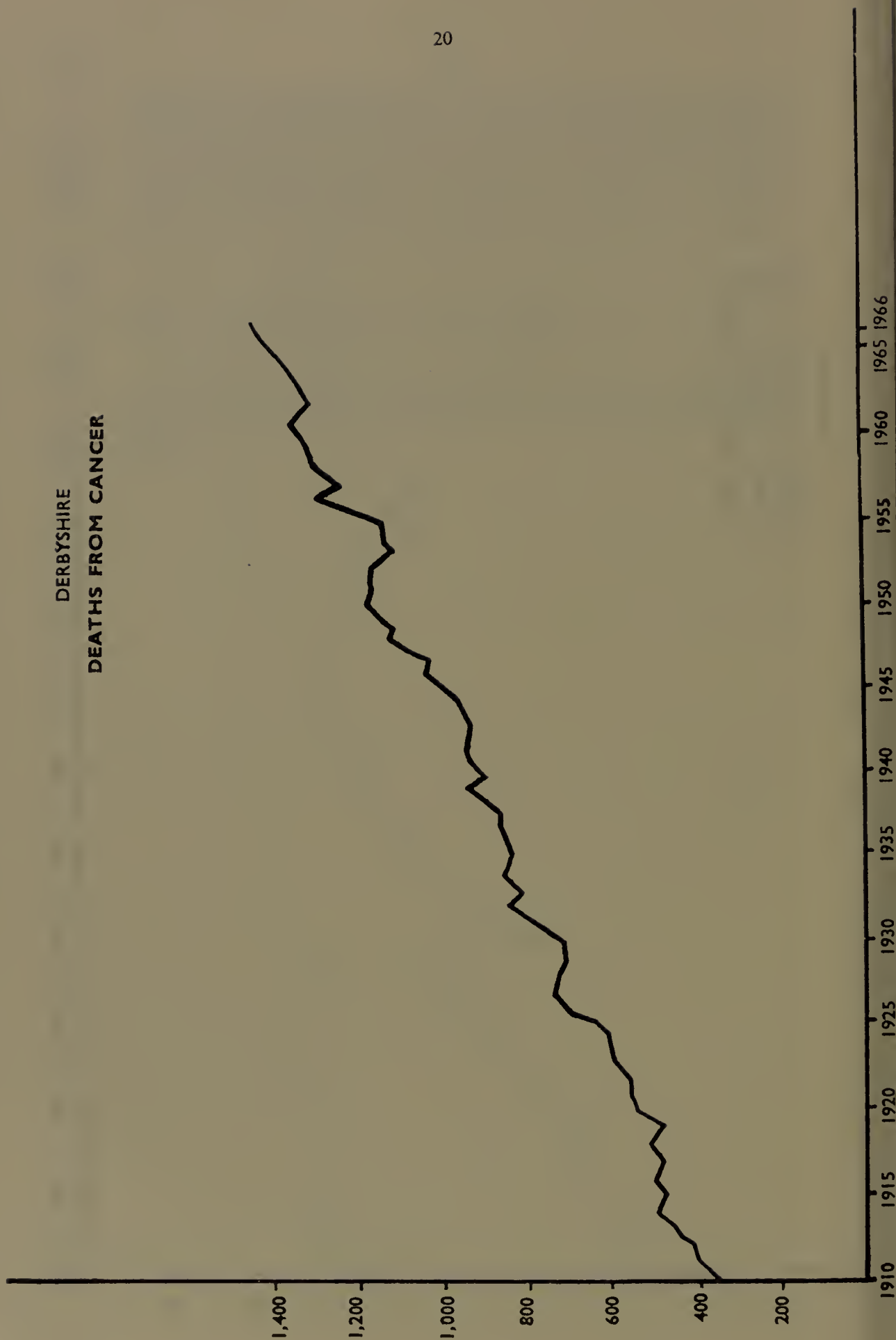
Particulars of congenital abnormalities diagnosed after birth which are liable to handicap the child in later life are kept on the Handicapped Register: 96 children born in 1966 were put on this register.

DERBYSHIRE

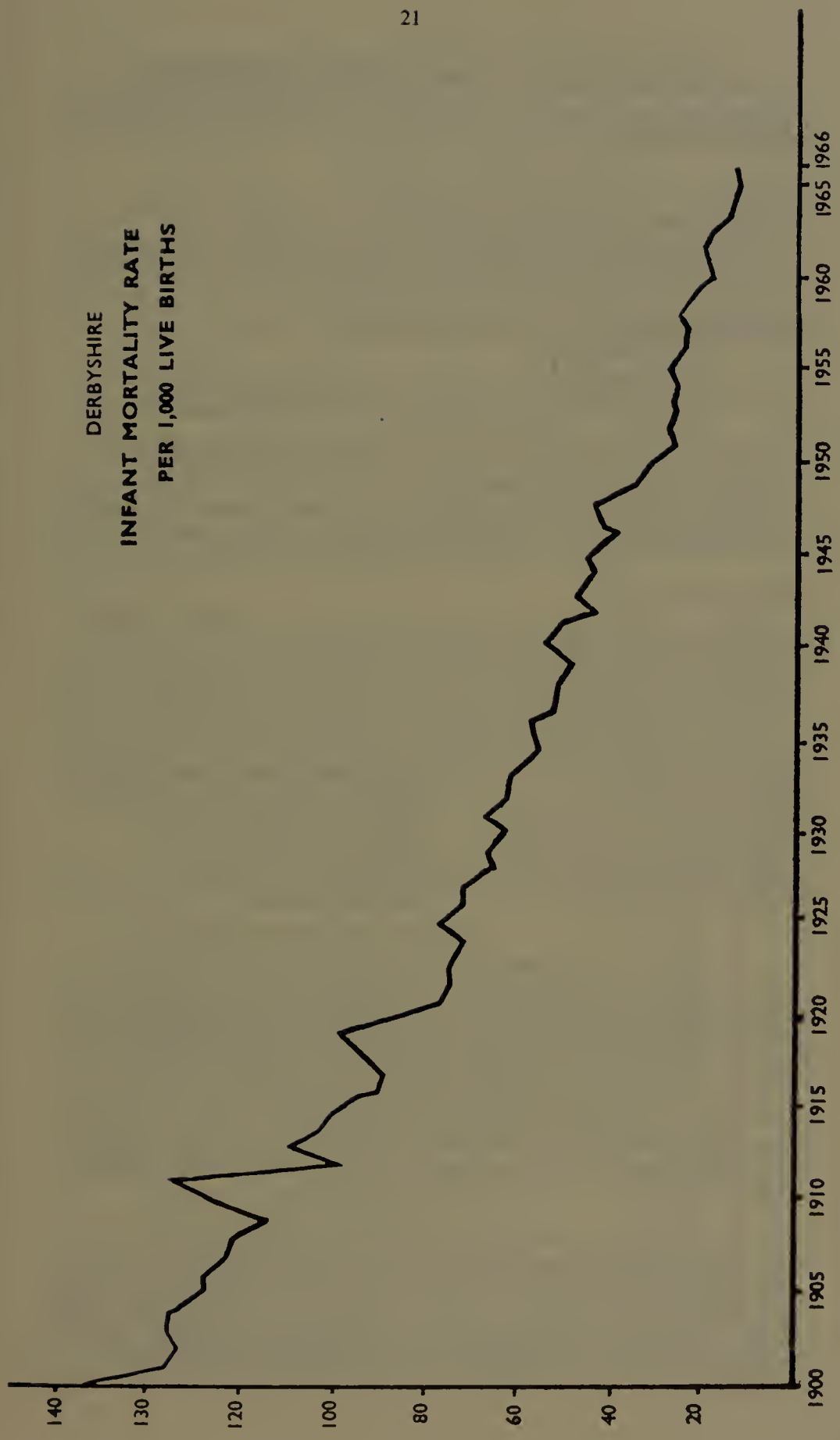
DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION



DERBYSHIRE
DEATHS FROM CANCER



DERBYSHIRE
INFANT MORTALITY RATE
PER 1,000 LIVE BIRTHS



INSPECTION AND SUPERVISION OF FOOD

The following Report has been provided by Mr. E. Rowley, the County Public Health Inspector:—

“MILK SUPPLY

The Milk (Special Designation) Regulations, 1963-5.

No changes in these Regulations were made during the year and the current list of types of licences remains as follows:—

- (i) dealers' licences for the operation of—
 - (a) Pasteurised;
 - (b) Sterilized;
 - (c) Ultra Heat Treated milk processing establishments;
- (ii) dealer's (Untreated) licence, required when Untreated milk, in bulk, is obtained for re-sale;
- (iii) dealer's (Pre-packed milk) licence, required when dealing in pre-packed milk of any or all of the four designations.

Pasteurising Plants

Seven pasteurising plants were in operation during 1966, as follows:—

<i>Name</i>	<i>Address of Establishment</i>
Buxton Spa Dairies Ltd.	The Creamery, Green Lane, Buxton.
Gisborne Dairy Ltd.	Manchester Road, Chapel-en-le-Frith.
Ilkeston Co-op. Society Ltd.	Derby Road, Ilkeston
Long Eaton Co-op. Society Ltd.	Meadow Lane, Long Eaton.
Pleasley Co-op. Society Ltd.	Pleasley.
Ripley Co-op. Society Ltd.	Nottingham Road, Ripley.
Unigate Creameries Ltd.	Egginton, Derby.

The list is unchanged from the previous year. Two enquiries were received from dairymen considering the installation of pasteurising plants. At the time of writing, one had abandoned the idea on the grounds of cost and the other was still considering the matter. In both instances, untreated milk is at present being bottled at the respective dairies. Although from a public health point of view, the heat treatment of milk is certainly most desirable, the hard economic facts now entailed in plant installation, both on small and large gallonages, have to be faced. Enthusiasm has to be tempered with reality.

Every effort is made to see that conditions at the dairies comply with the Regulations and managements are usually anxious to do this. The licenced plants have all been the subject of routine inspections during the year. In certain areas, labour shortages make dairy staffing an unenviable task. Generally speaking female operatives are more satisfactory than the available male labour.

The sampling figures for the pasteurising plants are given below, They show the usual good record.

Grade of Milk	Satisfactory		Unsatisfactory		Total number of samples submitted
	M.B.	Phos.	M.B.	Phos.	
Pasteurised	129	144	1	—	144

Note—(a) M.B. means the Methylene Blue Test; Phos. means the Phosphatase Test.

(b) Fourteen samples were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 70°F. at the time of testing.

One dairy found difficulty in achieving good washed bottle rinse results, in spite of having a new washer. At the time of writing, investigations were being carried out by various interested parties, including the washing machine manufacturers. The design of this particular machine was being looked at, too.

Sterilizing Plant

The one licensed sterilizing dairy is operated satisfactorily by Ilkeston Co-operative Society Ltd. Twenty-three samples were taken, and all passed the statutory test, the turbidity test. There was no recurrence this year of the bacteriological infection of the plant which occurred in the summer of 1965 and it is now presumed that the comprehensive action taken has been effective.

Milk Dealers

As mentioned in the last report, re-licensing of all dealers took place at the end of 1965 and the beginning of 1966. By the time this was completed the figures were:—

Dealers (Untreated) Licences	27
Dealers (Pre-packed Milk) Licences	955

A comparison with the figures for the end of 1961, (after revision, etc., of local authorities' lists) is interesting. Then there were:—

Dealers (Tuberculin Tested) Licences	30
Dealers (Pre-packed Milk) Licences	954

The net decrease was, therefore, two licences over the five years. By the end of 1966, the figures were:—

Dealers (Untreated) Licences	27
Dealers (Pre-packed milk) Licences	984

An analysis made shows that then there were 114 "Untreated", 984 "Pasteurised", 710 "Sterilized", and 10 "Ultra-heat treated" licences issued. The number of "Sterilized milk" licences does not reflect the actual volume of sale of this type of milk. It is comparatively small compared with "Pasteurised Milk".

Inspections of dealers' premises is a necessary and continuing part of licensing supervision. Refrigerated milk storage gains ground slowly. Many small dealers use small domestic refrigerators for surplus milk from their retail rounds. This is a step in the right direction and an improvement on many previous storage places. Shop keepers, however, need much "prodding" to keep their bottles of milk in proper condition. The need for advertisement for sale is often apparently more important than good preservation.

The number of infringements of the Milk Regulations continues to decline, showing that the consistent inspectoral coverage over the last five years is having effect. Improvements are effected wherever necessary. Sometimes these improvements are made quite voluntarily and show that some dealers endeavour to keep up with changing times. The following is the usual annual summary:—

(i) Provision of milk store	..	..	..	..	2
(ii) (a) Improvement of existing milk store	..	..	..	..	1
(b) Improvement of milk storage	..	..	..	..	12
(iii) Decoration, cleanliness, etc. of milk stores	..	..	..	..	1
(iv) Improvement of cleanliness of vehicles	..	..	..	..	2
(v) Name and address required on vehicles	..	..	..	..	19
(vi) Covers on vehicles provided	..	..	..	..	1
(vii) Miscellaneous	..	..	..	..	3

The Express Dairy Co., closed down their pasteurising dairy in Chesterfield during the year and transferred the work to their Sheffield dairy. This move necessitated alteration of the distribution and storage arrangements for some dealers in the County but initial difficulties have been overcome. One side effect was that a large volume of one third of a pint of school drinking milk previously processed at the Chesterfield dairy came temporarily from dairies at Mansfield and Wakefield, indicating the ramifications of the milk distribution system today. There were one or two complaints of sour milk at schools and the cause was attributed to the increased time lag between production and delivery resulting from the different arrangement. It is hoped that the school milk will be handled at the Express Dairy's Sheffield premises by the end of 1967.

The sampling pattern for 1966 showed little variation from the previous year. The figures are given opposite.

Grade of Milk	Satisfactory		Unsatisfactory		Total number of samples submitted
	M.B.	Phos.	M.B.	Phos.	
Heat Treated Pasteurised	*956	1,074	15	1	1,075
Sterilized	*104 Samples not tested for Methylene Blue as shade temperature exceeded 70°F.				155
	Turbidity				
	Satisfactory		Unsatisfactory		
	155		—		
Raw Tuberculin Tested	Methylene Blue				159
	Satisfactory		Unsatisfactory		
	* 134		17		

* Eight Samples not tested for Methylene Blue as shade temperature exceeded 70°F.

The total of samples was slightly less but the number of methylene blue test failures the same—32. There were 15 of these from Pasteurised milk—a percentage of 1·5—and 17 from Untreated milk—a percentage of 11·2. These seem to be the fairly average results to be expected under present circumstances and conditions. Much of the Untreated milk retailed is bottled from the previous night's milk production, which probably explains the current rate of sample failures.

The phosphatase test failure was from a vending machine and the source was a pasteurising plant in the County. It seems possible that raw milk was put into some cartons on that occasion. The firm concerned were warned about this possibility.

The appearance in the sampling of Ultra-Heat Treated milk for the first time is interesting. This milk is now being sold in the north west of the County, in the Glossop and New Mills areas. The sources are two dairies in Stockport and London respectively. It retails for a shilling per pint carton. The difference in price between this and other milk is sufficient to restrict the sales considerably. In any case, it competes in the areas mentioned with Sterilized milk which, during this year, was 2d. a pint less. Clearly Ultra-Heat Treated milk has a very big financial hurdle to overcome before it can obtain popularity.

The sampling and examination of untreated milk supplies for brucella abortus infection was given considerable impetus by the issue of the Ministry of Health Circular 17/66. The greater part of

the Circular is of more direct concern to District Medical Officers of Health as it emphasises the advisability of using Regulation 20 of the Milk & Dairies (General) Regulations 1959 against infected milk rather than Section 31 of the Food & Drugs Act 1955. It does advise co-ordination of sampling programmes between the County Medical Officer of Health and the Medical Officers of Health in the districts. Accordingly the appropriate Committee of the County Council authorised a meeting between the County Medical Officer of Health and the Medical Officers of Health of the various Sanitary Districts. This meeting took place after the end of the year, and it was agreed that sampling would be more easily done in the districts by the local Public Health Inspectors. It was also agreed that there should be exchange of information in both directions. For his part, Dr. Barton, the Director of the Public Health Laboratory at Derby, accepted with some reserve the implications of the Circular as far as the additional examination of samples was concerned. But it is hoped that 1967 will see some increase in the extent of sampling activities, although it is recognised that staff limitations may not allow the development of the full programme in all parts of the County.

As far as 1966 is concerned, 196 examinations were made of raw milk for *brucella abortus*, and of these only one was positive (by guinea pig inoculation). The cow in the herd concerned was traced and sold for slaughter."

FLUORIDATION OF PUBLIC WATER SUPPLIES

The Clerk of the County Council has kindly provided the following information:—

"In July, 1965, that is before Ministry of Health Circular 15/65, which was dated the 3rd August, the question of fluoridation of the public water supplies in Derbyshire came before the County Council for the third time when the Council agreed to adhere to their policy of promoting the fluoridation of water supplies in the County.

The County is supplied by nine statutory water undertakings, which in turn are connected with three other undertakings. The twelve undertakings serve the area of no less than twenty-two local health authorities. Three of the water undertakings, namely the Derwent Valley Water Board, the South Derbyshire Water Board and the North Derbyshire Water Board together supply twenty-four of the twenty-nine County Districts within the County and the Derwent Valley Water Board supplies both the North Derbyshire Water Board and the South Derbyshire Water Board in part.

In July 1965 the Derwent Valley Water Board decided to implement fluoridation by means of a plant at Heage Firs, to the south of the Ambergate Junction in the Board's aqueduct. This

followed continued opposition from Nottingham City, who had refused to agree to fluoridation at Bamford at the beginning of the aqueduct. The County Council have frequently urged on the City Council the desirability of fluoridation and pointed out the technical difficulties and extra cost to other authorities arising from the City's opposition. The decision of the Derwent Water Board means that the South Derbyshire Water Board will now be able to distribute fluoridated water, and the South Derbyshire Water Board and the Leicestershire Corporation Waterworks are to be responsible for drawing-up a scheme, details of which are not yet known. A formal request has been made by the County Council to the South Derbyshire Water Board for the fluoridation of their major supplies.

The sources of supply of the third water undertaking referred to, namely the North Derbyshire Water Board, are so diffuse that although to fluoridate the major sources would ensure 90% cover, it is considered by the Board that it would involve no less than fifteen plants which would each need to be closely controlled in view of the differing fluoride content occurring naturally at the various sources. The supply to Buxton from Stanley Moor and Lightwood Reservoirs is, however, an independent supply and susceptible of fluoridation by means of two plants. Discussions have taken place with the Board and the County Council have agreed a proposed scheme which it is hoped will be implemented in the near future.

The County Council have informed all other statutory water undertakings serving part of the County that the County Council are willing to join in any scheme with the major local health authorities using the supplies in consultation with the appropriate Derbyshire County districts within the area."

COUNTY DISTRICT COUNCILS' AREAS

LOCAL GOVERNMENT ACT, 1958.

Delegation of Functions

Under the provisions of Section 46 of the Local Government Act, 1958, the councils of any borough or urban district with a population of 60,000 or more became entitled to make a scheme for the delegation of certain health and welfare functions; further, county district councils not automatically entitled to make a delegation scheme could apply to the Ministry of Health for his consent to do so and the Minister would consult the County Council on the application.

The functions to be included in a delegation scheme, insofar as the County Council's Health Services are concerned, are as follows:—

- (a) Under Part III of the National Health Service Act, 1946 (as amended by the Mental Health Act, 1959)—health centres care of mothers and young children; midwifery; health

visiting; home nursing; vaccination and immunisation; prevention of illness and after-care (apart from the care or after-care in residential accommodation of persons suffering from mental illness); and domestic help.

- (b) The registration and regulation of private day nurseries and child minders (under the Nurseries and Child Minders' (Regulation) Act, 1948).

The only county district council in the administrative county of Derbyshire entitled automatically to delegation was the Municipal Borough of Chesterfield, and "The Chesterfield Health and Welfare Services Delegation Scheme, 1960" came into operation on 1st November, 1960. A copy of this Scheme formed Appendix 1 to my Annual Report for 1960.

Three other district councils (Blackwell, Chesterfield, and South-East Derbyshire Rural District Councils) applied to the Minister for consent to make delegation schemes, but after considering the factors mentioned in their applications, as well as the County Council's observations, the Minister informed them that he was unable to consent to their applications.

The Chesterfield Borough Council also applied to the Minister for the delegation of the County Council's functions under Section 28 of the National Health Service Act (as amended by the Mental Health Act, 1959) so far as they relate to the care or after-care in residential accommodation of persons suffering from mental illness. The Minister can give his consent to the inclusion of these additional functions in a scheme of delegation only if he is satisfied after consultation with the County Council that there are "exceptional circumstances" justifying exercise of the functions by the borough council. The Minister came to the conclusion that no exceptional circumstances exist in the Borough of Chesterfield to justify the delegation of these additional functions.

It is open to the borough and district councils to apply again for the Minister's consent in 1968, or at an earlier date if the area of the borough or rural district is altered or their circumstances are otherwise affected by an order of the Minister of Housing and Local Government made in pursuance of a review by the Local Government Commission for England or by the County Council under the provisions of Section 28 of the Local Government Act, 1958.

LOCAL GOVERNMENT ACT, 1933 (SECTION 111).

The County Council's Scheme under Section 111 of the Local Government Act, 1933, for the appointment of District Medical Officers of Health who are restricted from engaging in private practice, which was made after consultation with the District Councils, involves the division of the County into ten groups. In many instances arrangements have been made whereby the District Medical Officer of Health also serves the County Council as an Assistant County Medical Officer/School Medical Officer. The Table on page 29 shows the position on 31st December, 1966.

Area No.	County Districts	Population	Whether Section 111 scheme is operative	Proportion of time of Medical Officer devoted to	
				District Council work	County Council work
1	Clay Cross Urban .. Dronfield Urban .. Staveley Urban .. Chesterfield Rural ..	9,380 14,260 18,570 106,250	Yes	Whole-time	None
		148,460			
2	Bolsover Urban .. Blackwell Rural .. Clowne Rural ..	11,880 44,160 19,870	Yes	8/11ths.	3/11ths.*
		75,910			
3	Glossop Borough .. New Mills Urban ..	19,150 8,790	Yes	9/22nds.	13/22nds*
		27,940			
4	Buxton Borough .. Whaley Bridge Urban .. Chapel-en-le-Frith Rural ..	19,630 5,240 18,170	Yes	7/11ths.	4/11ths*
		43,040			
5	Bakewell Urban .. Matlock Urban .. Bakewell Rural ..	4,030 19,530 18,770	No	Part-time	None
		42,330			
6	Long Eaton Urban .. S.E. Derbyshire Rural ..	32,050 105,140	Yes	7/11ths.	4/11ths*
		137,190			
7	Swadlincote Urban .. Repton Rural ..	20,050 41,960	Yes	8/11ths.	3/11ths*
		62,010			
8	Ilkeston Borough .. Alfreton Urban .. Heanor Urban .. Ripley Urban ..	35,270 22,740 24,170 17,750	Yes	8/11ths	3/11ths*
		99,930			
9	Ashbourne Urban .. Belper Urban .. Wirksworth Urban .. Ashbourne Rural .. Belper Rural ..	5,650 16,060 5,070 11,560 38,020	Yes	6/11ths	5/11ths*
		76,360			
10	Chesterfield Borough	70,170	Yes	52%	48%†

*Indicates that the Medical Officer of Health also acts as an Assistant County Medical Officer/School Medical Officer.

†The Medical Officer of Health is also the Medical Officer for the purposes of "The Chesterfield Health and Welfare Services Delegation Scheme 1960", as well as the School Medical Officer for the Borough.

COUNTY OF DERBY Year

TABLE GIVING BIRTH RATES AND DEATHS FROM ALL CAUSES

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Areas in Acres (Land and Water) †	POP
			Census 1931
(URBAN)			
ALFRETON	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,176	22,262
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	1,070	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. ..	3,061	3,028
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,294	14,205
BOLSOVER	A. R. Robertson, M.B., Ch.B., D.P.H.	4,526	9,808
BUXTON (Borough)	H. E. Nutton, M.B., Ch.B., D.P.H. ..	6,337	16,884
CHESTERFIELD (Borough)	H. Bailey, M.B., Ch.B., D.P.H. ..	8,472	64,160
CLAY CROSS	D. P. Adams, M.B., Ch.B., D.P.H. ..	2,349	8,781
DRONFIELD	D. P. Adams, M.B., Ch.B., D.P.H. ..	3,452	6,388
GLOSSOP (Borough)	M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	3,323	20,001
HEANOR	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,417	22,482
ILKESTON (Borough)	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	3,017	33,164
LONG EATON	C. G. Woolgrove, M.B., Ch.B., D.P.H.	3,559	23,321
MATLOCK	G. L. Meachim, M.B., Ch.B. ..	16,599	16,596
NEW MILLS	M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	5,244	8,626
RIPLEY	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,415	17,713
STAVELEY	D. P. Adams, M.B., Ch.B., D.P.H. ..	6,504	17,845
SWADLINCOTE	†A. F. Crowley, M.B., B.Ch., D.R.C.O.G., D.P.H.	3,755	20,604
WHALEY BRIDGE	H. E. Nutton, M.B., Ch.B., D.P.H. ..	3,479	4,860
WIRKSWORTH	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,016	4,855
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
(RURAL)			
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	86,188	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B. ..	85,643	19,272
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	48,074	23,106
BLACKWELL	A. R. Robertson, M.B., Ch.B., D.P.H.	21,668	44,689
CHAPEL-EN-LE-FRITH	H. E. Nutton, M.B., Ch.B., D.P.H. ..	103,393	18,449
CHESTERFIELD	D. P. Adams, M.B., Ch.B., D.P.H. ..	69,139	64,968
CLOWNE	A. R. Robertson, M.B., Ch.B., D.P.H.	13,429	17,720
REPTON	†A. F. Crowley, M.B., B.Ch., D.R.C.O.G., D.P.H.	65,653	26,438
S. E. DERBYSHIRE	C. G. Woolgrove, M.B., Ch.B., D.P.H.	44,144	41,097
TOTALS OF RURAL DISTRICTS ..		537,331	267,400
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
TOTALS OF WHOLE COUNTY ..		635,396	607,691

* Adjusted to make allowance for sex and
† 1961 Census figures as amended by the
‡ Commenced duty on 10/4/67.

Ended 31st December, 1966.

IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY

POPULATION			Births (Live)	Deaths	Rate per 1,000 of Estimated Population*		Infant Death Rate per 1,000 Births	Comparability Factors	
Census 1951	Census 1961	Esti- mated Mid- 1966			Birth Rate	Death Rate		for Births	for Deaths
23,385	22,999	22,740	314	247	14.64	12.17	6.37	1.06	1.12
5,439	5,660	5,650	94	98	18.30	13.01	21.27	1.10	0.75
3,356	3,606	4,030	39	84	10.84	8.54	—	1.12	0.41
15,714	15,552	16,060	232	265	15.32	12.05	17.24	1.06	0.73
10,817	11,772	11,880	185	125	14.79	13.68	10.81	0.95	1.30
19,568	19,155	19,630	330	293	17.65	12.39	15.15	1.05	0.83
68,558	67,858	70,170	1,135	892	16.49	12.72	17.62	1.02	1.00
8,553	9,163	9,380	160	101	17.90	12.60	—	1.05	1.17
7,627	11,303	14,260	350	110	18.90	10.49	14.29	0.77	1.36
18,004	17,500	19,150	355	259	20.76	12.04	28.16	1.12	0.89
24,406	23,870	24,170	366	275	15.90	13.20	27.32	1.05	1.16
33,677	34,672	35,270	576	392	16.50	13.56	27.77	1.01	1.22
28,641	30,476	32,050	625	373	19.30	12.57	19.20	0.99	1.08
17,756	18,505	19,530	311	227	16.09	17.62	11.62	1.01	1.00
8,475	8,514	8,790	156	109	18.99	12.15	25.63	1.07	0.98
18,192	17,617	17,750	234	215	14.10	12.60	21.36	1.07	1.04
17,945	18,070	18,570	300	227	16.32	14.79	30.00	1.01	1.21
20,907	19,221	20,050	279	210	14.89	11.62	7.17	1.07	1.11
5,365	5,290	5,240	77	73	17.05	13.65	25.97	1.16	0.98
4,893	4,931	5,070	76	57	14.84	13.15	—	0.99	1.17
361,278	365,734	379,440	6,194	4,632	16.65	12.57	18.73	1.02	1.03
12,019	11,286	11,560	156	130	15.11	12.14	6.41	1.12	1.08
19,282	18,608	18,770	282	227	16.38	10.88	7.09	1.09	0.90
28,193	33,362	38,020	640	350	16.67	9.66	7.81	0.99	1.05
43,112	43,804	44,160	838	473	18.97	13.07	23.87	1.00	1.22
19,006	18,385	18,170	292	254	17.84	13.00	13.70	1.11	0.93
75,745	101,041	106,250	1,912	994	17.28	12.82	18.30	0.96	1.37
19,072	19,780	19,870	366	214	18.79	12.28	16.39	1.02	1.14
31,570	37,565	41,960	680	487	15.72	11.61	13.24	0.97	1.00
75,893	95,647	105,140	2,032	995	16.81	11.64	16.24	0.87	1.23
323,892	379,478	403,900	7,198	4,124	17.11	11.84	15.98	0.96	1.16
361,278	365,734	379,440	6,194	4,632	16.65	12.57	18.73	1.02	1.03
685,170	745,212	783,340	13,392	8,756	16.92	12.29	17.25	0.99	1.10

age distribution of population, etc.—see remarks on page 14.
East Midland Counties Order, 1965.

GENERAL SANITARY ADMINISTRATION

Estimated Number of Houses:—

Municipal Boroughs and Urban

Districts 130,611

Rural Districts 133,786

	<i>Municipal Boroughs and Urban Districts</i>		<i>Rural Districts</i>	
	<i>No. on Register</i>	<i>In- spections made</i>	<i>No. on Register</i>	<i>In- spections made</i>
Bakehouses	111	498	36	74
Common Lodging Houses ..	2	8	—	—
Dairies	53	149	19	21
Factories and Workplaces ..	1,978	1,305	876	508
Houses Let in Lodgings ..	30	252	—	—
Ice Cream Premises—				
(a) Manufacturers	17	115	10	58
(b) Dealers	1,583	1,114	1,233	977
Market Stalls	624	5,210	19	509
Milk Distributors	462	444	191	138
Moveable Dwelling Sites ..	57	540	215	1,499
Offensive Trades	10	22	1	276
Outworkers	508	153	246	217
Preserved Food Stores	530	1,329	228	516
Offices, Shops and Railway Premises	3,541	4,491	1,776	1,958
Slaughterhouses—				
(a) Public Abattoirs	1	747	—	—
(b) Private	50	6,655	51	7,090
Knackers Yards	3	52	8	38

Water Supplies

The following schemes of water supply have been submitted for consideration during the year, under the Rural Water Supplies and Sewerage Acts. They were approved by the appropriate Committee.

<i>Authority Submitting Scheme</i>	<i>Scheme</i>	<i>Estimated Cost £</i>	<i>Provisional Grant £</i>
South Derbyshire Water Board	Central Areas (Alderwasley etc.)	68,299	1,414 per annum for 30 years
do	Park Nook	4,166	840
do	Lant Lane, Tansley	3,869	840
Manchester Corporation	Chisworth	4,390	1,443

The County is covered either by Water Boards or, in part of the south, by a private company. The following reports from the two principal Boards cover the greater part of the area of the County.

South Derbyshire Water Board (*Report kindly submitted by Mr. I. G. Edwards, B.Sc., M.I.C.E., M.I.W.E., Engineer and Manager*):—

	<i>No. of Houses</i>	<i>Estimated Population Involved</i>
No. of Houses connected to mains ..	115,813	349,755
No. of Houses supplied from standpipes on mains	—	—
No. of Houses not supplied from stand- pipes or mains	1,720	5,194
No. of connections made during year:—		
(a) existing houses		32
(b) new houses		2,178
(c) other premises		126

Works carried out by the Board during the year, in addition to the normal extension of distribution mains, were as follows:—

Modernisation of Homesford Treatment Works and Pumping Station.—Started December, 1966.

Breamfield Lane Booster Station.—Started, July, 1966.

Wolds Booster Station.—Started May, 1966.

9" dia. Main, Wilsthorpe to Breaston.—Started March, 1966
Completed September, 1966.

15" dia. Main, Ladycross to Long Eaton.—Started March, 1966.
Completed October, 1966.

4" dia. Main, Offcote to Windmill Lane.—Started July, 1966.
Completed October, 1966.

12" dia./9" dia. Reinforcement Mains, Alfreton.—Started February, 1966. Completed July, 1966.

6" dia. Main, Housley Town to Heanor Gate.—Started September, 1966. Completed November, 1966.

Morley Booster Station.—Started October, 1965. Completed April, 1966.

North Derbyshire Water Board (*Report kindly submitted by Mr. C. H. Crombie, M.I.C.E., M.I.W.E., Engineer and Manager*):—

	<i>No. of Houses</i>	<i>Estimated Population Involved</i>
No. of Houses connected to mains ..	94,940	308,800
No. of Houses supplied from standpipes on mains	16	49
No. of Houses not supplied from stand- pipes or mains	1,382	4,146
No. of connections made during year:—		
(a) existing houses		8
(b) new houses		1,726
(c) other premises		25

Work is continuing on the Board's Manton Scheme for the treatment and distribution of 3 million gallons per day from Manton Colliery. Works involved include proportioning tower and lowlift pumphouse, treatment plant and highlift pumphouse, 2 million gallon capacity service reservoir and the laying of some 9 miles of 18" diameter, 4 miles of 15" diameter and 2½ miles of 12" diameter main.

A Rural Water Scheme in the Abney and Bretton areas, cost approximately £13,000, was completed during the year.

A distance of approximately 20 miles of distribution main was laid within the Board's area during the year ended December, 1966 and during the financial year the length of main scraped and coated will total approximately 7,000 yards.

Sewerage and Sewage Disposal

One sewerage scheme has been considered as follows and approved by the appropriate Committee.

<i>Authority Submitting Scheme</i>	<i>Scheme</i>	<i>Estimated Cost £</i>	<i>Provisional Grant £</i>
Chesterfield R.D.C.	Temple Normanton Sewerage	3,153	871

Information is given below of the position in the County with regard to sewerage and sewage disposal. Boroughs and Urban Districts have 98·9% of their houses connected to sewers, whilst Rural Districts have a corresponding figure of 92·9%.

	<i>Municipal Boroughs and Urban Districts</i>		<i>Rural Districts</i>	
		<i>Estimated Popu- lation Involved</i>		<i>Estimated Popu- lation Involved</i>
No. of Houses:				
(a) Connected to sewers ..	129,294	375,357	123,725	377,505
(b) Not connected to sewers ..	1,322	3,932	10,256	27,305
No. of Connections made during year:				
(i) existing houses	36	—	272	—
(ii) new houses	2,140	—	2,877	—
(iii) other premises	44	—	12	—
No. of conversions of other closets to W.C.s	77	—	319	—

Some notes follow of improvements made, or in progress, in the various districts.

Alfreton U.D. New sewer at Cotes Park commenced.

Buxton Borough. New sewers commenced at Victoria Park Estate and Sherbrook.

Chesterfield Borough. Work continued on additions to the sewage works.

Dronfield U.D. New pumping station installed at Coal Aston, thus closing down existing old, inefficient plant.

Ilkeston Borough. New pumping machinery installed at Potters Lock. Eastern outfall scheme commenced in June.

Whaley Bridge U.D. Sewer extensions at Furness Vale and Whaley Bridge. New 9" relief sewer and major alterations at the disposal works commenced (Whaley Bridge Joint Sewerage Board).

Belper R.D. Western Underwood Scheme completed. Small pumping station installed at Lea Bridge.

Chesterfield R.D. Works completed:— Barlow sewerage scheme; Shirland sewage works extension; Amber Valley sewer extensions; Temple Normanton and Eckington (Ash Crescent) sewerage scheme; Beighton flood relief schemes. Brimington (Newbridge Lane) sewer extension; Wingerworth Wall pond overflow.

Works in progress:— Westwood Brook sewerage scheme; Southern Area Composting Scheme.

Repton R.D. Castle Gresley relief scheme commenced.

S. E. Derbyshire R.D. New Spondon Outfall Sewer completed.

Housing

Housing improvement continues to make limited progress. 951 properties have been either demolished or closed during the year and 2,243 improvement grants were made. The demolition of houses is barely keeping pace with the rate at which unfit houses are listed. Whilst improvement grants keep to much the same rate year after year, it is questionable whether this rate is sufficient to bring all older houses up to standard in the foreseeable future.

SLUM CLEARANCE

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
Estimated No. of houses declared unfit, 1955-1966	6,837	6,823
Total No. of houses demolished or closed 1955 to 31/12/1966	5,374	5,127
During 1966:—		
Houses demolished—		
(a) in Clearance Areas	163	357
(b) not in Clearance Areas	187	118
Unfit houses closed	79	47
Unfit houses made fit and houses in which defects were remedied	1,759	756
Unfit houses in temporary use	21	—
Houses in Clearance Areas purchased	188	56

IMPROVEMENT GRANTS

	<i>No. approved for conversion or improvement (Housing Act 1958)</i>	<i>No. approved for improvement (Housing Act 1959) ('standard grants')</i>
Municipal Boroughs and Urban Districts	54	1,014
Rural Districts	468	707

IMPROVEMENT AREAS

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
(a) No. declared	3	—
(b) No. of houses in declared areas ..	373	—
(i) No. of improvable dwellings ..	134	—
(ii) No. of (i) above of tenanted improvable dwellings ..	62	—
(c) No. of houses lacking standard amenities	94	—
(d) No. of houses brought to full standard	9	—
reduced standard	—	—

NEW HOUSING

	<i>No. of new dwellings completed during 1966</i>	
	<i>by local authorities</i>	<i>by private enterprise</i>
Municipal Boroughs & Urban Districts ..	270	1,821
Rural Districts	683	1,769

Swimming Baths.

The following Table shows the number of swimming baths in the County, and the results of the investigations of the samples taken.

	<i>No. of Baths</i>		<i>Samples taken</i>	
	<i>Public</i>	<i>Private (Open to Public)</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
Municipal Boroughs and Urban Districts	14	6	229	96
Rural Districts	2	2	1	—

Refuse Collection and Disposal

One or two authorities are introducing bulk storage containers into their service. These containers hold the equivalent of twelve standard bins upwards and obviously make for more efficient handling of refuse. Chesterfield Borough Council is extending the incineration capacity of their refuse disposal works and when this project is completed the amount of controlled tipping will be negligible. The continuing shortage of tipping sites is well illustrated by the difficulties experienced by Whaley Bridge U.D.C. That authority has finally had to use tipping space in Buxton by arrangement with the Borough Council. Chesterfield R.D.C. has started work on the construction of a composting plant, capable of dealing with 50 tons of refuse a day. This system is one method of overcoming the tipping problem. South East Derbyshire R.D.C., the other Authority interested in a composting scheme, has had to revise the plans for this scheme because of the impact of the boundary review.

The table below gives details of present methods:—

	<i>Collection</i>		<i>Disposal</i>		
	<i>Direct Labour</i>	<i>Contract</i>	<i>No. of Controlled Tips</i>	<i>No. of Uncontrolled Tips</i>	<i>Destructor Works</i>
Municipal Boroughs and Urban Districts	20	—	19	2	1
Rural Districts	9	—	26	4	—

Meat Inspection

From information which has been provided by the District Councils, it appears the following animals were killed and inspected during the year:—

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
	<i>Number killed and Inspected</i>	<i>Number killed and Inspected</i>
Cattle, excluding cows	19,790	15,363
Cows	18,669	5,942
Calves	995	449
Sheep and Lambs	84,942	55,682
Pigs	54,583	28,980
Horses	—	—

Moveable Dwellings

Problems associated with caravans are now becoming less and apart from the itinerant type of dweller there appear to be few public health difficulties in the County. The table normally appended is given below.

	<i>Licensed Caravan Sites</i>				<i>Individual Licensed Vans</i>
	<i>Holiday</i>		<i>Residential</i>		
	<i>Sites</i>	<i>Vans</i>	<i>Sites</i>	<i>Vans</i>	
Municipal Boroughs and Urban Districts ..	12	120	35	346	34
Rural Districts	78	653	123	656	104

Offices, Shops and Railway Premises Act, 1963

The figures below indicate the work that has been done during the year. These and other statistics have to be rendered annually to the Ministry of Labour by local authorities.

REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>No. of premises registered during the year</i>		<i>Total No. of registered premises at end of year</i>		<i>No. of registered premises receiving a general in- spection during the year</i>	
	<i>M.Bs & U.Ds</i>	<i>R.Ds</i>	<i>M.Bs & U.Ds</i>	<i>R.Ds</i>	<i>M.Bs & U.Ds</i>	<i>R.Ds</i>
Offices	47	26	871	251	274	149
Retail Shops	144	97	2,236	1,209	796	764
Wholesale shops, and warehouses	9	4	88	37	22	22
Catering establishments open to the public, canteens	31	26	319	259	100	191
Fuel storage depots ..	1	2	27	29	7	21
Totals ..	232	155	3,541	1,785	1,197	1,147

PERSONS EMPLOYED IN REGISTERED PREMISES

<i>Class of workplace</i>	<i>No. of persons employed</i>	
	<i>M.Bs & U.Ds</i>	<i>R. Ds</i>
Offices	8,207	1,408
Retail shops	10,382	4,020
Wholesale departments, warehouses ..	1,144	246
Catering establishments open to the public..	2,095	1,629
Canteens	127	58
Fuel storage depots	151	87
Total	22,106	7,448
Total Males	8,812	2,848
Total Females	13,294	4,600

Prevention of Atmospheric Pollution

County district councils have considerable powers under the provisions of the Clean Air Act, 1956, to control atmospheric pollution. Such provisions can be broadly divided into two parts, viz:—

- (a) general regulatory powers;
- (b) powers to establish smoke control areas.

District Councils may also make bye-laws requiring new buildings to have satisfactory arrangements for heating and cooking so as to prevent the emission of smoke.

From information received from the District Councils it appears that progress in making smoke control orders is very slow. During the latter part of the year difficulties were increased by the financial “squeeze” which had the effect of reducing expenditure on smoke control to a minimum. The order which was suspended at Bolsover was re-instated from the 1st September 1966, and is said to be operating satisfactorily.

Readings of deposit gauges, etc., in some of the districts are given below and emphasize the size of the problem still to be tackled.

Station	Readings			
	Total Solids (Tons per sq. mile)		Sulphur Absorbed (Mg. per 100 sq. cms. per day)	
	Monthly		Daily average over each month	
	Highest	Lowest	Highest month	Lowest month
Bolsover U.D.C.				
Woodhouse Lane (out of use for 5 months)	20.25	8.38	—	—
Moor Lane	23.22	6.91	2.92	1.00
Cundy Road	—	—	2.22	0.64
Chesterfield Borough				
St. John's Road Depot	20.16	9.46	2.82	0.60
Sewage Works	17.88	7.23	1.86	0.55
Heanor U.D.C.				
(Address not stated)	25.10	6.06	—	—
Matlock U.D.C.				
Dale Road (ceased Sept., 1966) ..	31.73	16.16	—	—
Staveley U.D.C.				
Hartington Colliery	30.80	16.19	2.55	1.07
Staveley Works Canteen	38.45	15.81	—	—

The following is a summary of information supplied by some local authorities relating to atmospheric pollution.

Chesterfield Borough. Four Smoke Control areas in operation covering 1,202 acres and 5,017 premises. Further area being surveyed.

Ilkeston Borough. The Ilkeston (Kirk Hallam) Smoke Control Order became operative on 1st October, 1966. Details of this order were given in last year's Report.

Heanor U.D. No. 2 (Newlands) Smoke Control Order made and confirmed by the Minister. It is due to operate from 1st August, 1967. The No. 1 (Marlpool Farm Estate) Order, 1963, remains deferred.

Wirksworth U.D. This area suffers a great deal from dust through quarrying operations and complaints made during the year resulted in Council action to try and deal with these. The matter was still under consideration at the end of the year.

MIDWIVES ACTS, 1936-1951

The Midwives Acts are administered by the County Council as the local supervising Authority for the whole of the Administrative County, including the Borough of Chesterfield.

Number of Midwives.—At the end of 1966 there were 191 Midwives on the County Roll—ninety four were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; eighty-four were County Midwives, and thirteen were County Home Nurse/Midwives.

Records Received.—The following table gives the records received, with corresponding figures for the previous five years:—

	1961	1962	1963	1964	1965	1966
Records received:—						
Medical Help	463	417	366	339	404	334
Stillbirths	108	105	92	85	72	66
Deaths of Children	54	51	51	35	45	45
Deaths of Mothers	—	—	1	1	—	—
Laying out the dead	16	—	—	—	—	—
Liability to be a source of infection	25	23	24	25	32	21
Puerperal Pyrexia—Midwives' Cases	9	6	7	7	9	2
Ophthalmia Neonatorum—All cases	4	4	1	8	3	2

Puerperal Pyrexia.

The Puerperal Pyrexia Regulations, 1951, require puerperal pyrexia to be regarded as a notifiable disease. Puerperal Pyrexia is defined as “any febrile condition occurring in a woman in whom a temperature of 100·4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days after childbirth or miscarriage”.

The following table shows the total number of cases of puerperal pyrexia notified to me over the past ten years and the case rate from this condition per 1,000 births.

<i>Year</i>	<i>No. of cases of Puerperal Pyrexia</i>	<i>No. of Live Births and Still Births in Whole County</i>	<i>Case rate per 1,000 Births</i>
1957 ..	21	11,721	1·79
1958 ..	18	11,861	1·52
1959 ..	20	12,154	1·64
1960 ..	17	12,546	1·35
1961 ..	17	12,575	1·35
1962 ..	10	13,527	0·70
1963 ..	12	13,465	0·89
1964 ..	14	13,705	1·02
1965 ..	9	13,819	0·65
1966 ..	7	13,615	0·51

Maternal Mortality.

The Maternal Mortality rate for the whole County for the year 1966 was 0·44 per thousand live- and still-births. The following table gives the maternal mortality rate in the County since 1951.

<i>Year</i>	<i>Rate</i>
1951	1·028
1952	0·749
1953	0·55
1954	0·75
1955	0·38
1956	0·62
1957	0·51
1958	0·51
1959	0·41
1960	0·33
1961	0·32
1962	0·30
1963	0·30
1964	0·22
1965	0·072
1966	0·44

A Summary of a Report on Confidential Enquiries into Maternal Deaths in England and Wales, 1958-1960, prepared by the Standing Maternity and Midwifery Advisory Committee for the Central Health Services Council and the Minister of Health, dated April, 1964, has the following to say on the "Prevention of Maternal Deaths":—

"The greatest number of lives could be saved by better ante-natal care and a proper selection of cases for both home and hospital confinement. A programme which covers normal pregnancy but is flexible enough to allow for more frequent and, if necessary, more expert supervision is essential. The results of examinations must be assessed both individually and in relation to previous examinations, and where care is shared by several individuals, each must be aware of the findings of the other.

The real purpose of the enquiry is to discover ways and means by which the maternal mortality, which has fallen dramatically over the past 30 years, can be further reduced. This may be assisted by advance in knowledge but these reports have brought out the fact that the most important contributions could be made by the application of knowledge already available, the proper selection of cases for hospital confinement and better ante-natal care.

It is preferable to consider the proper selection of cases for home confinement than of the selection of cases for hospital. The wishes of the patient must of course be respected, but every effort must be made to persuade patients at special risk to accept hospital care.

The scope of ante-natal care has been progressively extended. Its object is to maintain the physical and mental health of the mother during pregnancy and to ensure that any suspected or proved abnormality is detected and treated without delay. In doing this the doctor, the midwife, the L.H.A. clinic and the hospital may all play a part and it is essential that the fullest co-operation is established between them all."

Ophthalmia Neonatorum.

During the year, two cases of ophthalmia neonatorum were notified. Both were treated in hospital and the vision was unimpaired in each case.

REGISTRATION OF NURSING HOMES

The County Council acts as the Authority for the Registration of Nursing Homes under Sections 187 to 194 of the Public Health Act, 1936, for the whole of the Administrative County except the Boroughs of Chesterfield, Glossop and Ilkeston, the duties having been delegated to the Corporations of these Boroughs by the County Council under Section 194 of the same Act. Following a report after an inspection by a Medical Officer on the staff of the Health Department, consideration is given by the County Health Committee to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1966 regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below:—

<i>Name and Address of Nursing Home</i>	<i>Accommodation approved</i>
Portland Nursing Home, "Craiglands", The Park, Buxton	17 Medical Cases.
Derby House Nursing Home, Broad Walk, Buxton	31 Medical Cases.
St. Mary's Nursing Home, Ednaston Lodge, Ednaston	22 Medical and Surgical Cases.
"Craig Lea" Nursing Home, 2 Victoria Road Pinxton, Notts.	7 Medical Cases. *
Borrowash House, Borrowash, Derby ..	17 Unmarried Mothers.

* Registration cancelled, July, 1967.

NURSERIES AND CHILD MINDERS (REGULATION) ACT 1948.

During 1966 ten applicants were granted Certificates of Registration to be Child Minders, and seven were granted Certificates of Registration of Day Nursery premises, bringing the total up to twenty Registered Child Minders, with a total of 176 approved places, and twenty one Registered Day Nurseries with a total of 355 approved places. All are registered to care for children over the age of two years.

THE NURSES AGENCIES ACT, 1957

This Act provides that "a person carrying on an agency for the supply of nurses shall, in carrying on that agency, only supply (a) registered nurses; (b) enrolled assistant nurses; (c) certified midwives; (d) such other classes of persons as may be prescribed".

Every person to whom a nurse is supplied by an agency is to be given a statement in writing of the qualifications of the person supplied, and such agencies are not to be carried on unless the selection of the person to be supplied for each particular case is made by or under the supervision of a registered nurse or a registered medical practitioner. The main provision of the Act affecting the County Council is that no person shall carry on an agency for the supply of nurses unless he is the holder of a licence issued by the local authority authorising him to do so. During 1966, one licence was authorised for issue by this Authority to Mr. Stanley Bird of the "Private Nursing Service (Derby)" operating from 15 Charles Avenue, Spondon, Nr. Derby.

TUBERCULOSIS

New Cases and Deaths.—I have reported in previous years on the great strides that have been made in the prevention and treatment of tuberculosis. This disease, first made notifiable in 1912 and for which the first figures available are for 1914, has steadily declined, since that time, apart from the war years. Since the end of the last war, however, this decrease in the number of cases of tuberculosis and the number of deaths has rapidly become more marked. This has been due, of course, to many environmental factors, such as improved sanitation, housing and a general higher standard of living, coupled with the introduction of the National Health Service. It must be remembered that since the introduction of the new Service greater emphasis has been placed on early detection and prevention, and it must not be forgotten that Mass Miniature Radiography has played an important part in this progress.

The following table shows the number of new cases and deaths in 1914 and thereafter at ten-yearly intervals to 1964, as well as in 1965 and 1966.

TUBERCULOSIS

	<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>New Cases</i>	<i>Deaths</i>	<i>New Cases</i>	<i>Deaths</i>
1914	867	383	362	156
1924	829	359	338	117
1934	442	243	202	74
1944	432	202	163	43
1954	391	80	62	12
1964	171	24	26	2
1965	145	29	30	3
1966	106	28	29	4

New Cases during 1966

The number of cases of tuberculosis notified during 1966, divided into the various age groups and also showing males and females separately as well as distinguishing between the Respiratory and Non-respiratory forms of the disease, are shown in the following table:—

Age Groups	0	1	2	5	10	15	20	25	35	45	55	65	75	Total All Ages
<i>Respiratory—</i>														
Males ..	—	—	—	3	—	7	1	6	9	10	19	17	1	73
Females ..	—	—	—	1	—	1	6	5	8	9	—	2	1	33
<i>Non-Respiratory—</i>														
Males ..	—	—	2	2	1	1	1	3	2	—	1	—	—	13
Females ..	—	—	—	1	1	2	1	4	3	3	1	—	—	16
Total ..	—	—	2	7	2	11	9	18	22	22	21	19	2	135

The totals, not divided into age groups, are also shown for purposes of comparison in the following summary:—

SUMMARY OF NEW CASES FOR THE PAST TEN YEARS

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
<i>Respiratory—</i>										
Males ..	212	209	184	175	144	97	104	113	90	73
Females ..	119	105	83	92	68	56	64	58	55	33
Totals ..	331	314	267	267	212	153	168	171	145	106
<i>Non-Respiratory—</i>										
Males ..	25	18	12	19	21	18	16	3	15	13
Females ..	31	34	28	16	29	22	18	23	15	16
Totals ..	56	52	40	35	50	40	34	26	30	29
Total—Pul. and Non-Pul.	387	366	307	302	262	193	202	197	175	135

Deaths from Tuberculosis.

The following Table gives details for the last five years:—

	1962	1963	1964	1965	1966
Respiratory ..	33	27	24	29	28
Non-respiratory ..	3	5	2	3	4
	<u>36</u>	<u>32</u>	<u>26</u>	<u>32</u>	<u>32</u>

The death rate per 1,000 of the population during each of the last five years is as follows:—

		1962	1963	1964	1965	1966
Respiratory	.. ..	0·044	0·040	0·031	0·037	0·036
Non-respiratory	.. ..	0·004	0·007	0·003	0·004	0·005
		<u>0·048</u>	<u>0·047</u>	<u>0·034</u>	<u>0·041</u>	<u>0·041</u>

The provisional figure for England and Wales supplied by the Registrar General for 1966 is 0·043 deaths per thousand of the home population.

The Table below shows the notifications and deaths in Derbyshire for the last eighteen years:—

<i>Year</i>	<i>New Cases</i>	<i>Deaths</i>
1949	592	205
1950	514	172
1951	547	142
1952	569	122
1953	479	125
1954	453	92
1955	382	84
1956	372	57
1957	387	56
1958	366	51
1959	307	39
1960	302	44
1961	262	37
1962	193	36
1963	202	32
1964	197	26
1965	175	32
1966	135	32

1949 was not only the first full year of operation of the National Health Service Act, but also the last year when the annual deaths from tuberculosis were over 200.

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22) ANTE-NATAL SCHEME

Twenty-three Ante-Natal Clinics were maintained by the Authority: seven in Municipal Boroughs, ten in Urban Districts and six in Rural Districts. Twenty-two of the Clinics were conducted by the County Council's Maternal and Child Welfare Medical Officers, and the remaining one by a Consultant Obstetrician

provided by the Regional Hospital Board. A Health Visitor is in attendance at each Clinic, as well as one or more of the Authority's Domiciliary Midwives. No clinics are conducted under the Authority's arrangements by General Practitioners on their own premises. Arrangements are made for the collection of blood from all patients, so that A.B.O. group typing and Rh. typing, as well as serum tests for syphilis, may be performed. All these facilities are available to both married and unmarried mothers.

Details of the Ante-natal Clinics (apart from the two which serve residents in Chesterfield Borough) are as follows:—

ALFRETON	..	County Council Clinic, Grange Street, Alfreton. Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
ASHBOURNE	..	Ante-Natal Clinic, St. Oswald's Hospital, Ashbourne. Each Thursday, 1.30 p.m. to 4.15 p.m.
BELPER	..	County Council Clinic, The Cedars, Field Lane, Belper. 1st and 3rd Monday, 9 a.m. to 12.30 p.m.
BOLSOVER	..	County Council Clinic, Welbeck Road, Bolsover. Each Friday, 1.30 p.m. to 4.15 p.m.
BUXTON	..	County Council Clinic, Bath Road, Buxton. (Sessions suspended owing to lack of demand).
CHADDESSEN	..	County Council Clinic, Maine Drive, Chaddesden. Each Monday, 1.30 p.m. to 4.15 p.m.
CHESTERFIELD		County Council Clinic, Brimington Road, Chesterfield. Each Wednesday, 9 a.m. to 12.30 p.m. (for patients residing outside Chesterfield Borough).
CLAY CROSS	..	County Council Clinic, High Steret, Clay Cross. Each Friday, 9 a.m. to 12.30 p.m.
CLOWNE	..	County Council Clinic, Creswell Road, Clowne. Each Wednesday, 9 a.m. to 12.30 p.m.
DERBY	..	County Council Clinic, Cathedral Road, Derby. Each Tuesday, 9 a.m. to 12.30 p.m.
DRONFIELD	..	County Council Clinic, The Grange, Dronfield. Each Tuesday, 9 a.m. to 12.30 p.m.
ECKINGTON	..	County Council Clinic, Gosber Street, Eckington. 1st, 3rd and 5th Tuesday, 9 a.m. to 12.30 p.m.
FRECHEVILLE*	..	County Council Clinic, Fox Lane, Frecheville. 1st, 3rd and 5th Monday, 9 a.m. to 12.30 p.m.
GLOSSOP	..	County Council Clinic, George Street, Glossop. 2nd and 4th Monday, 9 a.m. to 12.30 p.m.
HACKENTHORPE*		County Council Clinic, Main Road, Hackenthorpe. 2nd 4th and 5th Thursday, 1.30 p.m. to 4.15 p.m.
HEANOR	..	County Council Clinic, Wilmot Street, Heanor. 1st and 3rd Wednesday, 1.30 p.m. to 4.15 p.m.
ILKESTON	..	County Council Clinic, Albert Street, Ilkeston, each Monday, 2 p.m. to 4.15 p.m. and each Thursday, 9 a.m. to 12.30 p.m.
LONG EATON	..	County Council Clinic, 4 Nottingham Road, Long Eaton, Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.

MATLOCK	..	County Council Clinic, Lime Grove Walk, Matlock. 1st Thursday, 9 a.m. to 12.30 p.m.
RIPLEY	..	County Council Clinic, Derby Road, Ripley. 2nd and 4th Friday, 1.30 p.m. to 4.15 p.m.
SHIREBROOK	..	County Council Clinic, Cliffe House, Church Drive, Shirebrook. Each Monday, 9 a.m. to 12.30 p.m.
STAVELEY	..	County Council Clinic, Lime Avenue, Staveley. Each Thursday 9 a.m. to 12.30 p.m.
SWADLINCOTE		County Council Clinic, Civic Centre, off Midland Road, Swadlincote. (Sessions suspended owing to lack of demand).

* Transferred to Sheffield County Borough from 1st April, 1967.

The following are the number of sessions and attendances at all the Ante-Natal Clinics during 1966:—

Half-day Sessions	..	..	..	1,142
Number of New Cases	..	..	..	1,857
Total number of attendances	..	..	..	6,685
Post-natal visits	..	..	..	111

Chest Radiography in Pregnancy

In a communication dated 17th October, 1966, the Senior Medical Officer of the Sheffield Regional Hospital Board intimated that:- "On the recommendation of the Professional Advisory Committees concerned, the Board have agreed to issue the following advice about the use of chest radiography in pregnancy:- (i) No chest x-ray examination should be undertaken where the mother is known to have had a chest x-ray within the previous two years or to have had B.C.G. vaccination; (ii) All recent immigrants should be x-rayed routinely in pregnancy between the fourth and sixth months of pregnancy; (iii) If a non-immigrant mother requires an x-ray examination it should also be undertaken between the fourth and sixth months of pregnancy; (iv) The practice of routine chest x-rays should be continued in certain areas where the incidence of positive findings is known to be high. It is left to the discretion of the local Chest Physician, the Medical Officer of Health and the Obstetrician to decide whether the incidence of positive findings in an area justifies routine chest x-ray. When it is necessary for an expectant mother to have a chest x-ray the examination should not be carried out with the mass miniature techniques but a full size film with strict limitation of field size should be used". This information was transmitted to the appropriate County Council medical staff.

Ante-Natal Care Related to Toxaemia

All Medical Officers conducting ante-natal clinics have received a copy of the Memorandum on ante-natal care related to Toxaemia and every effort has been made to implement the suggestions made in this Memorandum.

Supervision—The importance of regular ante-natal care is impressed on all patients attending the ante-natal clinics. They are asked to attend every month up to the 30th week, every fortnight from 30th-36th week and every week, where possible, from the 36th-40th week. It is, however, difficult to evolve a "pattern of supervision" as many patients transfer to hospital ante-natal care if and when their application for a hospital bed is accepted.

Local Authority Ante-Natal Clinics often share in the care of patients booked for hospital confinement on social grounds and who are not attending their general practitioner. This helps to relieve the hospital ante-natal clinics, and saves the patients travelling long distances.

Examination—A routine medical examination is carried out at the patient's first visit to the Clinic. Any abnormalities detected at these preliminary examinations are referred to the patient's General Practitioner or, with his approval, to the appropriate hospital Consultant. The blood pressure is recorded, the patient weighed and the urine tested at all subsequent visits. Midwives are asked to visit any patient requiring close observation during the interval between their attendances at the clinic.

Blood Testing

Since 1957, the Maternal and Child Welfare Medical Officers have been supplied with Sahli Haemoglobinometers, so that haemoglobin estimations may be made. During 1965, consideration was given to replacing these with equipment permitting more accurate estimations. It was decided to provide the Medical Officers with MRC Grey Wedge Photometers, and these were received early in the year under review.

Ferrous sulphate and ferrous gluconate tablets are supplied at the clinic. Patients not responding to these tablets are referred to their own doctor for alternative treatment. A sample of blood is taken from all patients whose blood group has not already been typed. These samples are sent to the Sheffield Regional Blood Transfusion Service who report on the blood group, Rh. factor and Kahn test in each case. Tests for antibodies are also carried out at 32nd—34th weeks on all Rh. negative patients when requested by the Regional Blood Transfusion Service.

Ante-natal Records—Each patient attending the clinic receives a standard co-operation card on which is recorded a copy of the findings at each examination. The patient keeps this card in an envelope together with particulars of her blood group. She is instructed to bring this envelope with her when attending for ante-natal examination whether at the General Practitioner's surgery or at hospital.

Follow-up Failures—Cases who fail to attend the ante-natal clinic on the appointed day are followed up either by letter or by the domiciliary midwife. It is not possible to evolve a water tight system

as the local authority are not always informed when patients are transferred to hospital for ante-natal care or are admitted to hospital or a maternity home for their confinement.

Mothercraft and Relaxation Classes

By the end of 1966 classes were being held at the following County Council Clinics:—

Alfreton, Belper, Bolsover, Buxton, Chaddesden, Chapel-en-le-Frith, Chesterfield, Clay Cross, Clowne, Derby, Dronfield, Eckington, Frecheville, Glossop, Hackenthorpe, Heanor, Hope, Ilkeston; Long Eaton, Matlock, New Mills, Ripley, Shirebrook, Staveley and Swadlincote.

These classes are usually conducted jointly by the Health Visitor for the area and one or more Midwives who have received special training in the technique of correct breathing, exercise and relaxation in pregnancy and child birth. Whilst each class varies slightly, the general procedure is as follows:—

Mothers are invited to attend a series of six—eight classes. The first class commences with a short introductory talk on the aims of the class and the proposed procedure. The Midwife then demonstrates the correct method of breathing and the approved exercises and supervises the mothers as they try to do them.

During this procedure the Health Visitor makes a cup of tea and the mother, the Midwife and the Health Visitor join in a discussion on various aspects of pregnancy, e.g. mental attitude of both parents; need for regular medical and dental supervision; welfare foods, maternity grants, etc.

At each succeeding class the Midwife instructs and supervises the exercises and these are followed by a talk, demonstration, or showing of a film strip. The class then terminates with a lively and helpful discussion when the mothers are urged to talk about their problems.

When more than six mothers attend the class is divided into two groups, the Midwife taking one for exercises whilst the Health Visitor talks to the others; they then change over.

The following subjects are covered usually by the Midwife:—

- (a) the preparation for the confinement;
- (b) the stages of labour and the normal delivery;
- (c) the administration of analgesia with demonstration of gas and air and trilene machines;
- (d) bathing the baby may be demonstrated either by the Midwife or the Health Visitor.

Talks or film strips by the Health Visitor include:—

- (i) diet and nutrition in pregnancy;
- (ii) general conduct in pregnancy including suitable clothing and footwear and care of the breasts;
- (iii) the preparations for the baby including layette, cot and pram;
- (iv) care of the baby including feeding;
- (v) the post-natal examination;
- (vi) the help available from Doctor, Midwife and Health Visitor and the benefits of attendance at the Infant Welfare Centre;
- (vii) any other subjects which may arise from the discussions.

All clinics where relaxation classes are held have been supplied with a film strip projector and have a variety of film strips available, including one showing a normal confinement.

Sound films have proved so popular, especially those showing the birth of a baby, that the Health Education Section now have three copies of "Childbirth Without Fear" and two copies of "My First Baby". Other films shown have dealt with breast feeding, nutrition, human reproduction, dental care, child development and home safety.

Two gramophone records in which Dr. Grantley Dick Read explains the principle of relaxation and conducts a normal confinement have also been very helpful in some cases.

It would appear that these classes are excellent media for group teaching and discussion. The mothers enjoy them and are sorry when they are finished.

The Midwives report that the mothers are more co-operative during labour and delivery and the incidence of uterine inertia has decreased.

The Health Visitors report that "getting to know" the mothers beforehand is invaluable at the primary visits, and as a consequence there is a greater likelihood of the mothers bringing their babies subsequently to the infant welfare centres.

A Health Visitor also attends the Derby City Hospital Antenatal sessions to talk to the mothers about help which the Local Authority can provide after the baby is born.

Special courses for midwives have been arranged by the Royal College of Midwives in Mothercraft and Relaxation, and up to the end of 1966, eighty-seven Midwives have attended. Ten midwives are being sent each year until all the midwives have had an opportunity of attending.

Arrangements for selecting women whose confinement in Hospital is recommended on medical or social grounds.

The provision of hospital accommodation for maternity cases is the responsibility of Regional Hospital Boards. To facilitate the administrative arrangements concerning the large number of patients desiring hospital or maternity home accommodation, Bed Bureaux have been set up at Chesterfield and Derby by the Sheffield Regional Hospital Board. Forms of application for admission are available at the Authority's ante-natal clinics, and these are passed to the appropriate Bed Bureau. Kingsmill Hospital, Mansfield, has also agreed to allocate six beds per month to patients living on the eastern fringe of the county.

Where admission to a hospital bed is recommended on medical grounds, this is sufficient to ensure invariably that a bed is made available providing arrangements are not left until the last moment. In most cases, however, applications are based on social need. Where insufficient beds are available for all applicants such cases are referred to this authority for a report on the home circumstances. In the light of that report, which is made after a visit to the patient's home by one of the Health Visitors, a recommendation is made as to the necessity for a hospital or Maternity Home bed.

Consultant Obstetricians are arranging for an increasing number of patients to have "planned" early discharge from hospital i.e. at about 48 hours. In these cases the domiciliary midwife is notified and she reports to the hospital whether she considers the patient's home conditions are satisfactory. She also advises the mother on the preparations she should make for her return home. The midwife is notified when the patient is discharged from hospital.

The following is an analysis of cases visited by Health Visitors for a report on the home circumstances:-

	<i>Bed Bureaux</i>		<i>Other Hospitals</i>
	<i>Derby</i>	<i>Chesterfield</i>	
Suitable for home confinement	27	24	8
Hospital accommodation desirable but not essential	189	307	48
Home conditions unsuitable and hospital confinement necessary	74	430	110
Miscellaneous visits (i.e., cancellations miscarriages, removals from districts, etc.)	9	7	13

CHILD WELFARE CENTRES

During 1966, no new Child Welfare Centres were opened in the County, or in Chesterfield Borough, and the total remained at 110 as in the previous year.

The number of sessions and attendances at the Child Welfare Centres during 1966 are set out below:—

Half-day sessions	..	..	..	..	5,188
Number of children who attended during the year and were born in:—					
1966	..	..	..	..	10,055
1965	..	..	..	..	11,820
1964	..	..	..	..	8,287
Total number of children who attended during the year	..	..	..	..	30,162
Total attendances during the year	..	..	..	..	206,797

CARE OF PREMATURE INFANTS

(i.e., babies weighing $5\frac{1}{2}$ lbs. or less at birth).

Local Health Authorities are required by the Ministry of Health to provide statistics about premature babies. They relate to hospital births as well as domiciliary and nursing home births, thus constituting a complete record of the occurrence of each premature birth (live and still) and of the survival of premature infants in the area of the Local Health Authority. The figures for 1966 are as follows:—

Number of premature live births notified (as adjusted by transfer notifications):—					
(a) In Hospital	..	..	..	..	656
(b) At Home or in a Nursing Home	..	..	..	..	113
Total	..	..	..	..	769
Number of premature still-births notified (as adjusted by transfer notifications):—					
(a) In Hospital	..	..	..	..	118
(b) At Home or in a Nursing Home	..	..	..	..	7
Total	..	..	..	..	125

Of the 656 premature babies who were born in hospital 38 died within twenty-four hours of birth and 591 survived twenty-eight days.

Of the 113 born at home or in a nursing home, twenty-three were transferred to hospital on or before the twenty-eighth day, and of the remainder, three died within twenty-four hours of birth, and 87 survived twenty-eight days.

The Council's Home Help Scheme is available for premature infants, provided the need is certified by the Doctor attending the case.

The Council has agreed to the provision of certain equipment for the domiciliary nursing of premature infants. No charge will be made for the loan of the equipment but if it is damaged, other than that which can be accounted for by fair wear and tear, the actual cost of repair or replacement will have to be paid. The equipment is issued in units, each comprising a cot, including two cot linings; a mattress; four cot blankets; one feeding bottle; one muscus catheter; two hot water bottles; one hot water bottle cover; one mackintosh sheet; one thermometer; one set of premature infant's clothing (two vests, one gown without hood, and two gowns with hood).

In the event of a Unit being required for a patient under the care of a doctor or midwife, the following should be approached as appropriate:—

Northern part of the County excluding the Borough of Chesterfield.

Telephone Nos.

Mrs. E. M. Gilbert,
Supervisor of Midwives,
County Council Clinic,
Bath Road,
Buxton.

Day—Buxton 4451.

Night—Buxton 2620.

Southern part of the County

Miss P. Richards,
Supervisor of Midwives,
County Council Clinic,
Cathedral Road,
Derby.

Day—Derby 45934.

Night—Horsley 517.

Chesterfield Borough only.

Mrs. M. C. Rhodes,
Supervisor of Midwives,
Town Hall, Chesterfield.

Day—Chesterfield 77232,

Extn. 256.

Night—Chesterfield 2909.

Phenylketonuria

Phenylketonuria is an inherited metabolic disease, the basic fault appearing to be a deficiency of the enzyme normally responsible for the breakdown of phenylalanine absorbed in excess of the body's requirements. As a result, phenylalanine accumulates in the blood and is excreted in the urine with certain of its derivatives. A severe degree of mental deficiency is present in most cases, believed to be due to interference with the brain development occasioned by the high concentration of phenylalanine in the blood; there may be associated epileptic seizures and other physical stigmata. A few cases with normal or near normal intelligence have been recorded. The condition is rare and on the basis of present knowledge it is quite likely that in the county one child will be born with this condition, on the average, not more frequently than once in two years—in fact, it may not be as often as that. It is believed that the *early* detection and treatment of this condition with a special diet

is beneficial and gives a reasonable chance of preventing, or mitigating, mental retardation. In any case, the patient is likely to be much more manageable, losing a troublesome restlessness; fits, if present cease; and eczema clears up. By means of a simple test of a baby's urine, it is possible to determine whether the child is likely to have this condition. Even though the incidence is so small, the possibility of the prevention or lessening of the mental retardation which may be associated with this condition, makes it important to ascertain these children. The Derbyshire Local Medical Committee was consulted and approved the introduction of phenylketonuria tests in Derbyshire under arrangements made by the County Health Committee, provided that the doctors of patients concerned are notified of any positive results.

In May, 1961, arrangements were made for Health Visitors to test the urine of all the babies in their areas, generally as soon as they reached three weeks of age. A Special Conference appointed by the Medical Research Council commenced in 1960 investigating various scientific and administrative questions in connection with the early diagnosis and treatment of phenylketonuria, and in their final Report published in 1963 they expressed the view that the fourth week of life is probably the optimum time for testing and that a test at the sixth week probably safely detects most cases. But, to avoid all possibility of doubt, the Report suggested that, where practicable, a system of two tests might be employed: one to be carried out about the 10th-14th day of life, and one later, at the discretion of the local authority concerned but preferably between the fourth and sixth week. The Health Visitors were requested to carry out these tests accordingly. In order to relieve the Health Visitors of some of the extra work involved, however, the Authority's domiciliary Midwives were asked to carry out the test on the tenth day on the urine of babies delivered by them at home, and to ensure that the result of the test is made known as soon as possible to the Health Visitor concerned.

I wrote the following letter to the County Council's medical and health visiting staff on 22nd April, 1965:—

"Testing for Phenylketonuria after Infancy"

The following is a copy of a letter that appeared in the *British Medical Journal* on 17th April, 1965, over the signature of Sir Alan Moncrieff, the Chairman of the Medical Research Council's Working Party on Phenylketonuria:—

"Sir,—While the scheme for the routine testing of urine of young babies for phenylpyruvic acid is proceeding reasonably well, there is evidence that this is not always carried out in routine urine testing of older children. Some hospital centres carry out the appropriate tests on routine samples of urine provided for tests for albumin and glucose, but this may only occur in selected clinics, usually in the general medical out-patient clinics or in the medical wards, and the practice is by no means universal, especially as fresh specimens are essential for the detection of the volatile phenylpyruvic acid. Certain categories of children are definitely at risk. These are children with eczema, fits, or mental retardation. Siblings

of children known to have phenylketonuria should obviously be investigated, but they should have serum-phenylalanine estimations performed. Examination of urine for phenylpyruvic acid is too unreliable in this situation.

Perhaps one reason for neglecting to carry out tests in older children is the mistaken impression that nothing can be done for them. This is not a general experience. Some children after infancy will show a rise of 15 to 20 points in their intelligence quotients after they have been placed on a phenylalanine-restricted diet, and some do even better. This may lift them from being classified as unsuitable for education into the educationally sub-normal category. A few may even attend ordinary schools. All children in hospitals for the mentally handicapped, those attending training centres, and those in schools for the educationally sub-normal should have their urine tested, as this may lead to early detection of phenylketonuria in a younger sibling. In any scheme at any age some affected children may be missed, but clearly detection would be improved if as many children as possible are tested”.

Perhaps the Medical Staff will kindly bear in mind his recommendations when they are carrying out their medical examinations, as well as the Health Visitors when an opportunity arises for them to examine the urine.”

One positive reaction was obtained towards the end of 1961, and the child's General Medical Practitioner made the necessary arrangements for the patient to receive a full investigation in hospital. In 1962, a child was tested at 3½ weeks of age and was found to be 'negative'. He was admitted to hospital in 1965, with phenylketonuria. It was understood from the Consultant Paediatrician that there were eight other children in the same family who were unaffected. There were no cases reported in the year under review.

WELFARE FOODS

Supply of Extra Vitamins, etc.

The County Council has for many years supplied certain proprietary preparations at Ante-Natal Clinics and Child Welfare Centres which are sold at approximately cost price. At Ante-Natal Clinics simple preparations of iron in tablet form (Tabs. Ferri Sulphatis Co.), Ferrous Gluconate, and also of calcium with vitamins (Tabs. Calciferol Co.) are prescribed by the Clinic Medical Officers in suitable cases.

National Dried Milk, Vitamin A & D Tablets, Cod Liver Oil and Orange Juice are distributed by the Authority in accordance with its duties under the National Health Service. The foods are issued at County Council Clinics and Child Welfare Centres, supplemented as necessary by distribution through the medium of shops, by arrangement with the proprietors.

The prices and allocation of all Welfare Foods available at Child Welfare Centres are as follows:—

<i>Product</i>	<i>Price</i> s. d.	<i>Allocation</i>	
<i>Adexolin</i> ..	10	1 bottle per week	Available to mothers of children under 5 years of age attending the Child Welfare Centre. The child's signed weight card must be produced before foods can be purchased. Cards must be signed by the Doctor or Health Visitor once each month for Infants under one year, and at least every three months for children between the ages of 1 and 5 years.
<i>Ostermilk</i> ..	3 3	1-3 packets per week	
<i>Ovaltine</i> ..	2 4	1 tin per week	
<i>Rose Hip Syrup</i> ..	1 9	1 bottle per week	
<i>S.M.A.</i>	5 6	1-3 tins per week	
<i>Virol</i>	1 10	1 carton per week	Available to expectant and nursing mothers on production of the Welfare Milk Token Book.
<i>Lactagol</i>	2 7	1 packet per week	
<i>Ovaltine</i> ..	2 4	1 tin per week	
<i>National Dried Milk</i> ..	2 4	& milk token	Available to expectant and nursing mothers, children under 5 and handicapped children.
(1 to 2 tins per week)	4 0	at full price	
<i>Orange Juice</i> ..	1 6		
<i>Cod Liver Oil</i> ..	1 0		
<i>Vitamin A & D Tablets</i> ..	6		

The following table shows the issues of National Welfare Foods in the County Area in 1966:—

	<i>National Dried Milk Tins</i>	<i>Cod Liver Oil Bottles</i>	<i>Vitamin A. & D. Packets</i>	<i>Orange Juice Bottles</i>
Issued against coupons—				
(a) By stamps	437	—	—	—
(b) by cash	68,004	—	—	—
(c) free	2,936	791	208	4,049
Issued to:—				
N.H.S. Hospitals ..	769	54	—	574
Day Nurseries	49	413	—	403
Issued at full price:—	25,317	9,860	15,759	172,371
Totals	97,512	11,118	15,967	177,397

During the year arrangements were made for National Welfare Foods to be issued from shops at Allestree, Buxworth, Church Gresley, Midway, Newhall, Peak Dale, Shirland and Willington.

The number of types of distribution centres serving County residents are given below:—

<i>Location</i>	<i>At County Council Clinics or Child Welfare Centres</i>	<i>At Other Premises</i>
Chapel-en-le-Frith R.D. ..	5	5
Glossop Borough	2	—
New Mills U.D.	1	—
Whaley Bridge U.D.	1	1
Buxton Borough	3	—
Bakewell R.D.	5	8
Bakewell U.D.	1	1
Matlock U.D.	2	7
Wirksworth U.D.	1	1
Ashbourne R.D.	—	2
Ashbourne U.D.	1	1
Repton R.D.	4	12
Swadlincote U.D.	1	3
Chesterfield R.D.	21	3
Chesterfield Borough	9	—
Bolsover U.D.	2	—
Staveley U.D.	3	2
Clay Cross U.D.	1	—
Dronfield U.D.	2	1
Clowne R.D.	3	—
Blackwell R.D.	8	1
Alfreton U.D.	3	2
Belper R.D.	3	6
Belper U.D.	1	1
Derby Borough	1	—
South-East Derbyshire R.D. ..	14	3
Ripley U.D.	3	—
Heanor U.D.	2	1
Ilkeston Borough	3	—
Long Eaton U.D.	2	1
Totals ..	108	62

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN

Mr. H. E. Gray, the Chief Dental Officer, has provided the following report:—

“The work of attending to pre-school children and expectant mothers was roughly on a level with that done in previous years. No definite treatment sessions were set apart for them; treatment was integrated with that for the school children, appointments being made as the need and demand arose. The time equivalent of 58 half-day sessions was used for them.

672 infants were inspected, 388 found to require treatment and 372 dealt with and in the course of the year over 500 courses of treatment were completed, which meant that some had two courses within a twelve month period.

These figures would appear to show somewhat of a falling off in this work, but at the beginning of 1966, the Ministry of Health's revised scheme of documentation came into use and only infants up to and including 4 years of age were recorded in this category, whereas previously all children up to 5 years of age and over not yet in attendance at school were recorded. Now, the inspections and treatments for children of 5 years of age although, perhaps, not yet at school are recorded in the Department of Education and Science scheme of documentation for school children. In future, more accurate comparisons will be possible.

Much of the work was for the relief of pain, but a considerable amount of preventive and palliative treatment was also carried out.

The tendency, noted in previous years, for parents to seek regular check-ups before trouble begins was again in evidence and continued to be encouraged. This is shown by the fact that of the number examined, approximately one-third had sound dentitions. Parents were given advice and guiding literature on how to keep the teeth and mouth sound and healthy.

Expectant mothers seem to prefer to attend the general dental practitioners, now that no payment is required in the general dental services and only some 15 made 41 visits for treatment, 14 courses of treatment being completed, including in three instances, the provision of dentures."

ILLEGITIMATE CHILDREN

The following shows the way illegitimate children were cared for in the County during the year under review:—

1. Number of illegitimate births known to the Welfare Authority for the period 1st January, 1966 to 31st December, 1966	438
Number of unmarried mothers	427
Number of married mothers	4
Number of widows	3
Number of divorcees	4
2. The number in which the mother and child:—	
(a) returned to live with mother's parents	220
(b) returned to live with relatives	10
(c) found or were helped to find lodgings where they could live together (of these 52 went to Borrowash House Mother and Baby Home and 2 to The Firs, Bakewell)	60
(d) living in their own homes	11
(e) had to separate (i) the child going to the care of a foster mother	9
(ii) the child going to a Residential Nursery	3

3. The number of illegitimate children who had been or were being legally adopted	44
4. The number of mothers who have married since the birth of the child	21
5. The number of mothers who, with their babies, are living with the father of the child, though not married to him	57
6. The number of illegitimate children who have died during the year	3
Still-births	—

During the year under review 68 unmarried mothers, included in the total of 438 were accommodated in various Mother and Baby Homes, for whom the financial responsibility was accepted by the Derbyshire County Council. The Homes are requested to collect £3 4s. 0d. per week from each girl accommodated, wherever possible, in view of the fact that she is in receipt of benefit from the Ministry of Social Security, which leaves her with 16/- per week "pocket money".

REPORTS RECEIVED FROM MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

Reports from the Maternal and Child Welfare Medical Officers were included in this part of my Annual Report for the first time in 1952. This year I wrote to the Maternal and Child Welfare Medical Officers in the following terms:—

"As in previous years I am asking Maternal and Child Welfare Medical Officers on the staff of my Department to submit reports on their work during the past year. (Relevant excerpts may be quoted in my Annual Report).

Medical Officers should report on the whole field of their work, including the following subjects:—

- (1) General health and nutrition of the children, including the level of mothercraft observed among the mothers attending Infant Welfare Centres in the area.
- (2) Cleanliness and communicable diseases.
- (3) Immunisation procedures:—
 - (i) diphtheria immunisation;
 - (ii) whooping cough vaccination, etc.;
 - (iii) poliomyelitis vaccination.
- (4) The role of the Medical Officer and Health Visitor in Health Education at Ante-natal Clinics or Infant Welfare Centres.
- (5) Methods used at Ante-natal Clinics to follow up non-attenders and the measure of success obtained by these methods.
- (6) The integration of clinic services with other aspects of the wider Health Service, with particular reference to the liaison between Hospitals, General Practitioners, and the Local Authority.
- (7) Exfoliative Cytology.

Apart from the above, special comment on aspects in which Medical Officers are particularly interested would be welcomed. The following are examples:—

- (a) Observations on the premature baby.
- (b) the incidence of breast feeding.
- (c) The early detection of special physical defects—blindness, aphasia, deafness, epilepsy, etc., and their relation to children classified as “at risk”.
- (d) The early detection of mental defects.
- (e) The incidence of different diseases in different parts of the area, examples are Bronchitis and Gastro-intestinal conditions.
- (f) Problem families and evidence of child neglect.
- (g) Accidents at play and in the home.
- (h) Incidence of anaemia in the ante-natal period, observations on relaxation and post-natal exercises where these have been advised.”

Dr. E. M. Bedford:

“1. The General Health and nutrition of the children is excellent, as, with a few exceptions, is the standard of mothercraft.

The level of mothercraft falls lowest when there is a combination of low I.Q. and apathy in the mother. It is often associated with domestic and marital difficulties, especially when the father is out of work a great deal. In fact, we may be reaching the stage where the inclination of more responsibility in the fathers is necessary to improve the lot of these ‘Twilight Children’.

Where parents are separated or estranged, and where a mother is better off financially when her husband is in prison, than when he is out of it, a low level of mothercraft can be expected. Nevertheless it is surprising with what courage and tenacity some women will maintain their standards against great odds.

It may be that some of the extra year which children are going to spend at school could be devoted to a few lessons on ‘The Responsibilities of Being a Family Man’, as well as on the usual sex education, and Domestic Science for girls.

It is just possible that if some of these young men had a clearer picture of what they were taking on, they might not venture so recklessly and quite so easily. Mothers too, who spoil their sons, have a good deal to answer for in this business of bad fathers. A young man who lies in bed, and is told by a doting mother not to go to work if he doesn’t feel like it, tends to carry on with this attitude after marriage.

It is certain too that we stop our mothercraft classes too soon. Difficult though the problems of infant feeding and care may seem to a young mother, they fade into insignificance in comparison with the problems of dealing with the foibles of the modern school child and adolescent.

More help and education in this field are urgently needed by both adolescents and young parents if we are going to try to prevent the occurrence of so many problem families and problem children.

2. The standard of cleanliness is generally high. There are black-spots, usually coinciding with the heavy industrial and mining areas, not always in large towns: the standard of cleanliness and child care in some predominantly mining villages and estates is generally lower than elsewhere in the County.

3. Immunisation procedures are readily accepted and persevered with.

4. The role of the Medical Officer and Health Visitor in Health Education. It may be that the use of these Officers in Health Education could be greatly widened in its scope.

5. Methods used at ante-natal clinics to follow up non-attenders are rarely needed nowadays but if they are the result is usually satisfactory.

6. The integration of clinic services with other aspects of the wider Health Service.

This is now becoming urgent as staffing problems become more acute: a five year plan should be worked out by a committee of General Practitioner and County Staff. It is quite obvious that both can work together to everyone's advantage. Many practitioners are anxious to do this, and the sooner some practical propositions are worked out, the better.

7. The Exfoliative Cytology clinics are progressing well in most places and waiting lists are now not too long.

8. A great many normal babies have to be examined (fortunately) in order to find early physical defects; e.g.,

(a) *Congenital Dislocation of the Hip* (1 case)

(b) *Congenital Heart disease*

Age 10 months Patent Ductus Arteriosus (1 case)

Age 3 weeks Diagnosis not yet made (1 case)."

Dr. E. M. M. Murphy:

"1. *General Health and Nutrition of Children.*

This continues, on the whole, to be very good. However, the problem of the over-weight baby is still with us—especially in the child from 6 to 12 months old. Many mothers are only happy when the baby gains considerable weight. Perhaps the practice of regular weighing of babies is not such a good thing. I think in many cases, starch is introduced too early in a baby's diet—I feel group talks to the mothers and a film strip on the dangers of over-weight, would be helpful.

2. *Cleanliness of Mothers and Children.* Very good on the whole.
3. *Communicable Diseases.* Rarely seen at Infant Welfare Clinics.
4. *Inmunisations.* The number of Polio Immunisations has fallen recently at my main Polio Immunisations Session. The response to the Triple Antigen is good at most of my Infant Welfare Clinics.
5. *Health Education at Ante-Natal and Infant Welfare Centres.* This remains a very important subject. The response of the patients is excellent at the Ante-natal Clinics—and at Infant Welfare Clinics it is fairly good. I do see many cases of “nappy-rash”—which I think may be due to a combination of causes—i.e. continuous wearing of plastic pants (night and day)—washing nappies in strong powders—and because of the plastic pants—not enough changing of nappies.
6. *Follow-up of Patients at Ante-natal Clinics.* We get few defaulters—these we follow up successfully.
7. *Liaison between Hospitals, G.P.'s and the Local Authority.* Very good.
8. *Exfoliative Cytology.* The response to this service continues to be most satisfactory—my clinics are booked for many months ahead. Both patients and their family doctors seem to be very pleased that this service is available.

During the past year, I have found positive smears in three women in their twenties—which makes me feel that it is necessary to test women under the age of thirty-five years.

9. *Incidence of Breast Feeding.* Not very high—many mothers wish to breast-feed, but cannot—especially with a second or third baby.

I think the pace of modern life has a very adverse affect on breast-feeding and the absence of a mother's help in the home.

10. *Anaemia in the Ante-natal Period.* Mild degrees of anaemia are common—usually due to faulty diet. The condition usually responds well to Iron and Folic Acid therapy.

11. *The Premature Baby.* These babies do very well—follow up seems very good in my areas.

12. *Early detection of physical defects at Infant Welfare Clinics.* I saw one case of spastic paraplegia during the year. I see many cases of slightly bowed legs, and very many, very restless and irritable children, especially toddlers. These, I feel, may be cases of early rickets—due to the fact that many children, especially the toddlers, are not getting enough milk in their diet. Many of the ‘baby books’ now on sale advise very early weaning—i.e. three meals per day for a baby 4-5 months old. This, I think, is a very dangerous practice—as it cuts down the supply of calcium. Children between 1-5 years frequently get fruit juices instead of milk—one mother said to me she thought this was due to the advertising of these fruit drinks for children on T.V.

13. *Early Detection of Mental Defects at Infant Welfare Clinics.* I have not found any during the year."

Dr. B. Hutchinson Smith :

"1. The general health and nutrition of children seen in the clinics is good.

There is a tendency for some babies to be overfed: crying is too often interpreted as being due to hunger, rather than to other causes.

2. The state of cleanliness is good.

3. Immunisation procedures are satisfactory. Mothers appear to welcome the combination of Triple Antigen with Poliomyelitis vaccine at the same visit.

4. The role of the doctor is to give individual advice.

5. On the whole patients attend well. The few non-attenders are usually those who find that their hospital appointments coincide with their next clinic appointment. Few patients think of informing the clinic that they will be unable to keep their appointment. If they did so, this would save time, and petrol, by the Health Visitor who visits to determine the cause of their absence.

6. Liaison with hospitals and General Practitioners is good.

7. *Cytology.* In some areas particularly the north east of the County there are still long waiting lists. But these could be reduced if women who made appointments, and then found that they were unable to attend, informed the clinic, so that the next name on the waiting list could be given their appointment. On occasions there has been up to 100% non-attendance at these clinics.

Other pathology is frequently seen, particularly cervical erosion.

8. It is encouraging that breast feeding appears to be on the increase."

NURSERY PROVISION FOR CHILDREN UNDER FIVE DAY NURSERIES

The Authority's four Day Nurseries at Chaddesden, Glossop, Ilkeston and Long Eaton, continued to operate satisfactorily throughout the year.

Student Training

During the year under review ten students from the County Day Nurseries completed a two-year course of training and all were successful in gaining the Certificate of the National Nursery Examination Board.

The students received courses of Further Education and attended a training centre for this purpose on two days per week. While in the Nursery they are, of course, continually under expert supervision and receive practical training while taking part in the daily life of the Nursery. For this reason, the Ministry of Health has laid down that students in training shall not rank as full members of the staff, but three student places shall be regarded as equivalent to one full-time member. Students from Chaddesden Day Nursery attend a course of Further Education at Derby and Students from Glossop Day Nursery at Manchester. Arrangements have been made for the Ilkeston and Long Eaton Students to attend the Nursery Training Centre in Nottingham.

Charges to Parents

The maximum charge to parents is 14/6d. per day, and the minimum charge 1/-d. per day. The scale of charges to decide when a reduction in the maximum shall be made, is as follows:—

<i>Net weekly earnings of parent and spouse (if any)</i>		<i>Daily charge</i> <i>s. d.</i>	<i>Part-day charge</i> <i>s. d.</i>
Up to £7 ..	1 0	6	
£7 to £8 ..	2 0	1 3	
£8 to £9 ..	3 0	1 9	
£9 to £10 ..	5 0	3 0	
£10 to £11 ..	6 0	3 6	
£11 to £12 ..	6 6	4 0	
£12 to £13 ..	7 0	4 3	
£13 to £15 ..	8 0	4 9	
£15 to £17 ..	9 0	5 6	
£17 to £19 ..	10 6	6 3	
£19 to £21 ..	11 6	7 0	
£21 to £23 ..	12 6	7 6	
£23 to £25 ..	13 6	8 0	
Over £25 ..	14 6	8 9	

Where the net weekly earnings are less than £25, the charge for a second child is 1/0d. per day less than the assessed charge for the first child, subject to a minimum of 1/0d. per day for each child.

The Chairman and Vice-Chairman are authorised to deal with any cases of hardship.

Medical Inspections

Each Nursery is visited once a month by one of the Authority's Medical Officers. During these visits all new admissions are examined and any other children who have been under recent medical treatment or about whom the mother wishes special advice. Regular attenders are examined about once every six months. It is thus possible to detect defects in their early stages and with the co-operation of the general practitioner to secure early treatment. Special inspec-

tions are made in the case of infectious disease and the nurseries are also visited from time to time by Medical members of the Central Office staff and by the Superintendent Health Visitor.

Dental Inspections

The Chief Dental Officer has reported that annual inspections were carried out, as usual, at each of the Day Nurseries, and once again a very favourable report can be given. Of 208 toddlers examined, it was necessary for only 10 to have treatment; 12 others had minor defects which did not require attention, and the remainder had complete sets of sound teeth.

Protection of Children against Tuberculosis—Ministry of Health Circular 64/50.

In accordance with the recommendations of the Joint Tuberculosis Council contained in the above Circular, all the staffs of Day Nurseries are subject to an x-ray examination of the chest before appointment and annually thereafter. This is laid down in the conditions of service set out in the application forms signed by all candidates for nursing posts in the County Nurseries, while a similar form agreeing to an initial and annual x-ray is signed by domestic staff before appointment.

During the year the nursing and domestic staff at the Nurseries administered by the County Health Committee were x-rayed in groups by arrangements with the Mass Miniature Radiography Units operating in or near Derbyshire. Our thanks are due to the Directors of these Units for their ready co-operation.

Matrons' Reports

The following reports have been received from the Matrons of the Day Nurseries:—

Chaddesden Day Nursery

"Number of children on the register 31.12.66	..	44
Number of children admitted during 1966	..	71
Number of children who have attended in 1966		84
Average number of children on the register during 1966	.. .. .	43
Average daily attendance—under 2 years	..	9
Average daily attendance—2-5 years	.. ..	22.45

Attendance on the whole has been fairly good. Since the shops started closing for one whole day weekly a good percentage of the children attend for only four days each week. Attendance also drops during school holidays. The general health of the children has been excellent throughout the year. There have been three cases of German Measles and one case of Measles in 1966. Three mentally backward children attend the Nursery; this has proved beneficial to the parents and has brought about an improvement in the children.

Staff. The Staff continue to work well and happily and their health has been excellent throughout the year. Three students entered for and passed the N.N.E.B. examination in July, 1966. One extra trained Nursery Nurse was appointed in September, 1966. Two part time cleaners were appointed in February, 1966 to alleviate the domestic duties of the Students. They have proved a tremendous help and more time can be given to the welfare of the children. We continue to enjoy visits by Members of the County Health Committee. Seven visits were made in 1966 and we all appreciate the interest shown in the welfare of the children and staff."

Glossop Day Nursery

"Register and Attendances.

1. Number of children on the register at	0-2—13	} 34
31st December 1966	.. .. 2-5—21	
2. Number of children admitted during 1966	..	47
3. Number of children who have attended in 1966		81
4. Average number of children on the register during 1966	.. .. .	35.19
5. Average daily attendance—under 2 years	..	10.1
6. Average daily attendance—2 to 5 years	..	12.1

Attendances have fluctuated throughout the year, mainly due to school and staggered holidays. Several parents have been made redundant in their work from time to time and in such cases the child has been kept at home until other suitable work was found.

This Nursery is still used chiefly for children from 0-4 years, with very few children attending between the ages of 4 and 5 years.

Priority cases which have been dealt with are: 13 unmarried mothers; 10 Parents separated; 1 Parents divorced; 5 mothers ill in hospital; and 2 fathers detained during Her Majesty's pleasure.

Infectious Illnesses: 1 Child with Mumps, March 1966; 4 Children with Rubella, September 1966; 11 Children with Measles during September and October 1966; and 1 Child with Measles in December, 1966.

Changes of Staff

Miss W. Adams, N.N.E.B. (Staff Nurse) commenced duties on 1st September. Two Nursery Students commenced training in September for N.N.E.B. (two-year course). One student left after only spending two months in the Nursery.

Mrs. F. McIntosh left 11th November, 1966, after serving fourteen months as a Cook.

All the staff have been most helpful with the running of the Nursery and the children we accommodate have been very happy with us.

It has been a pleasure to take members of the County Health Committee round the Nursery when visits have been made and the staff appreciate the interest shown."

Ilkeston Day Nursery

"The following is an analysis of figures for the above Nursery up to 31.12.66:—

1. Number of children on the register at 31st December	62
2. Number of children admitted during 1966.	38
3. Number of children who have attended in 1966	94
4. Average number of children on the register during 1966	61
5. Average daily attendance—under 2 years ..	11.82
6. Average daily attendance—2 to 5 years ..	31.73

From these figures it will be seen that the average number on the register has been four below that for which we have places allotted. Various factors have led to this:—

- 1.—Not always having applications from mothers with young babies to fill the baby nursery—thus creating an overbalancing of children in other groups.
- 2.—While the tweenie nursery is allotted twenty places, experience has shown that some of our facilities are not adequate to cover these numbers.
- 3.—We had a lengthy period of infection, i.e. Chicken-Pox, Measles, in which the nurseries concerned were no sooner out of quarantine than we were in again, thereby holding up admittance of children who had not had either Chicken-Pox or Measles. During this time we had five cases of Chicken-Pox and seven of Measles. At this time the usual precautions were taken.

Coughs and colds still account for the majority of day to day absenteeism.

Priority cases are still being dealt with under the headings illegitimacy, widows, parents separated, restricted accommodation, i.e., inadequate flats.

Work was commenced on the grounds to improve them and provide for hard playing space, some of which was lost when the new extension was built in 1965. The completion of this work was held up due to bad weather conditions.

Staff Changes. In January two Nursery Nurses joined our staff, to increase our staff ratio for the establishment. During the year one Nursery Nurse left, for family reasons, and the vacancy was filled in September. Four students sat their N.N.E.B. examination in

July, and all were successful. Two have left our own Authority but are still working in day nurseries. The third has gone into residential nursery work in Tewkesbury, and the fourth has entered a Maternity Hospital, doing premature baby work.

County Health Committee members are always welcome, and we find their visits most helpful.

My own personal thanks for the privilege of being allowed to attend Council Meetings in London of the Nursery Matron's Association. Also this year I enjoyed an interesting Study Day at Caxton Hall, London, in September."

Long Eaton Day Nursery

"Number of children on the register at 31st	
December, 1966	51
Number of children admitted during 1966 ..	43
	+6 re-admitted
Number of children who have attended in 1966..	88
Average number of children on the register during	
1966	53
Average daily attendance—under 2 years ..	9.9
Average daily attendance—2 to 5 years ..	25.9

Attendances during the year have followed much the same pattern as in previous years. Children were absent for the same reasons, such as slight illness of child or parent. Coughs and colds also kept them away sometimes, when family doctors advised the child to be kept indoors for a few days. Infectious illness also accounted for absences. These consisted of 21 cases of Measles, 2 cases of Rubella, 2 cases of Chicken-Pox, and 1 case of Scarlet Fever. About half of the children admitted during the year were priority cases. Some have only been for a short stay, but the majority are still with us.

Three Students sat for and passed the N.N.E.B. Examination in July, 1966.

Visitors from the County Health Committee continue to visit us and they are always very welcome and helpful.

No additions or alterations were made to the Nursery owing to the fact that we are moving to our new premises in the early part of 1967. We are all looking forward to this move and hope we shall be as happy there as we have been here during the past 22 years. We older members of staff will leave the old building with nostalgic memories."

Reciprocal arrangements with other Authorities

As a general principle the County Health Committee has decided that payment be made for all Derbyshire children who attend other Authorities' Day Nurseries or vice-versa; that the home address be taken into account in deciding which nursery is appropriate; and that a charge be made in accordance with the Derbyshire scale of assessment.

Derbyshire children on the eastern border of the County may attend Nottinghamshire Day Nurseries and vice-versa, the difference between the charge to the parent and the cost per child-day being met by the appropriate Authority. At the end of the year three Derbyshire children were attending Nottinghamshire Day Nurseries; two Nottinghamshire children, two Cheshire, and one Leicestershire child attended a Derbyshire Day Nursery during the year.

Children living near to the northern border of Derbyshire may attend Sheffield Day Nurseries, the Derbyshire County Council being responsible for the difference between the actual cost and the charge made to the parent. Seven Derbyshire parents took advantage of this arrangement during 1966.

At the end of the year, thirteen children from the County Council's area were attending Derby Borough Day Nurseries.

Training of Pupil Assistant Nurses

The arrangement continued during the year whereby Pupil Assistant Nurses employed by the Derby Area No. 1 Hospital Management Committee work for a period of six or eight weeks at one of the Day Nurseries to gain experience. The Management Committee supplied their services free of charge, and the Derbyshire County Council provided their meals.

Conference

The National Association of Nursery Matrons held its Annual Conference at Brighton on 19th and 20th March, 1966, and the Matron of the Chaddesden Day Nursery was allowed to attend.

MIDWIFERY SERVICE

(Section 23)

General arrangements for the Service

The County Council in July, 1948, became the responsible Authority for providing a domiciliary Midwifery Service for the whole of the Administrative County, including Chesterfield. The Borough Medical Officer, assisted by a Maternal and Child Welfare Medical Officer and one non-medical Supervisor of Midwives, supervises the Midwifery Service in Chesterfield Borough, under the general direction of the County Medical Officer of Health. The remainder of the County is administered from the central office in Matlock, and the County Medical Officer is assisted in carrying out the necessary supervision of Midwives by the Deputy County Medical Officer, a Senior Maternal and Child Welfare Medical Officer, and two non-medical Supervisors of Midwives.

Regarding midwives employed in Institutions, supervision is exercised by the Maternal and Child Welfare Medical Officers, as well as the non-medical Supervisors of Midwives—under the general direction of the County Medical Officer of Health.

Regarding the midwives employed by the County Council, it has not been possible in all areas to divorce Midwifery completely from Home Nursing. This is partly due to the qualifications and grading of nurses transferred from Nursing Associations in 1948 and partly to the fact that in sparsely populated areas it results in the area to be covered becoming unwieldy. The travelling would then be excessive, bearing in mind the number of cases a midwife is expected to attend. The divorce of Midwifery from Home Nursing is a desirable aim, but I do not think that this can be achieved entirely in this County because of its geographical features. An idea of the staffing position for the period under review can be obtained from the following table:—

	<i>Number of Midwives on the Staff at the end of</i>						
	1960	1961	1962	1963	1964	1965	1966
County Midwives ..	74	78	82	80	84	92	84
Home Nurse Midwives ..	28	26	25	21	14	14	13

In order to enable the domiciliary midwives to make the best use of their time and also to transport equipment, including analgesia apparatus, to their patients, the Authority agreed to grant travelling allowances to Midwives for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to Midwives wishing to obtain loans for this purpose. At the time of writing this Report, eighty Midwives out of a total of eighty-four and thirteen Home Nurse-Midwives out of a total of thirteen are using motor cars.

The areas covered by County Midwives and Home Nurse Midwives have been drawn having regard to (1) the amount of work performed; (2) the convenience of patients; (3) the situation of the Midwives' residences; and (4) the "mobility" of Midwives.

It has been estimated that each Midwife can undertake approximately sixty-six cases per annum, and it has been stated that one Midwife is required for 5,000 to 6,000 of the population in an urban area. It is intended on this estimation, that her duties shall include ante-natal care, attendance at the confinement and nursing of the mother and baby for a minimum of ten days during the lying-in period.

At the end of 1966 there were 191 Midwives on the County Roll; ninety-four were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; eighty-four were County Council Midwives and thirteen were County Council Home Nurse/Midwives.

The Hon. Secretary of the Derbyshire Local Medical Committee wrote the following letter to me on the 7th October, 1966:—

"At the Local Medical Committee meeting yesterday we discussed, inter-alia, the relationship between midwives and general practice. It was suggested that midwives might attend at the family doctors own ante-natal sessions. This would be of great assistance to general practitioner obstetricians, and the Committee would welcome the Health Committee's approval of this arrangement".

This was placed before the County Health Committee on the 31st October, 1966, when the Committee passed the following Minute:—

"9252. *Midwifery Service—Relationship between Midwives and General Medical Practitioners.* The County Medical Officer of Health reported correspondence received from (i) the Secretary of the Derbyshire Local Medical Committee, and (ii) a General Medical Practitioner in Killamarsh, requesting the County Council to give consideration to the question of the attendance of Domiciliary Midwives at the Family Doctors' own ante-natal sessions. The observations of the Supervisors of Midwives were submitted, which indicated that this arrangement was, at the present time, being carried out successfully in certain areas. It was Resolved to agree to the attendance of Domiciliary Midwives at General Medical Practitioners' ante-natal sessions where this is practicable, and providing it is not detrimental to the services that the County Council is required to provide".

Uniform

All midwives on the staff are provided with the official uniform recommended by the Central Midwives Board.

Housing

It is a rule of the Authority that a Nurse should live in the area for which she is primarily responsible, in order that she may be readily available when called upon. Difficulty has occasionally been encountered in the past by Nurses in securing accommodation in some areas, although a number of Local Sanitary Authorities have been extremely helpful in letting houses either directly to the County Council for occupation by a Midwife or to the officer concerned. Where this assistance from the Local Sanitary Authorities has been forthcoming, very little difficulty has been experienced in filling vacancies.

Statistics

The following table sets out certain relevant figures regarding the Midwifery Service for the years 1960 to 1966.

	1960	1961	1962	1963	1964	1965	1966
Numbers of cases attended by Midwives employed by the Authority:							
(i) As Midwives	3,705	3,346	3,544	5,028	4,781	4,188	3,980
(ii) As Maternity Nurses	1,246	1,361	1,714	—	—	—	—
Total	4,951	4,707	5,258	5,028	4,781	4,188	3,980
Number of cases in which Gas and Air was administered	369	375	247	195	149	183	10
Number of cases in which nitrous oxide and oxygen was administered	—	—	—	—	—	—	517
Number of cases in which Pethidine was administered:							
(i) When acting as a Midwife	2,198	1,954	1,972	3,150	3,048	2,706	2,403
(ii) When acting as a Maternity Nurse	754	857	1,042	—	—	—	—
Number of cases in which Trilene was administered:							
(i) When acting as a Midwife	2,977	2,618	2,879	4,096	3,952	3,370	2,795
(ii) When acting as a Maternity Nurse	893	1,097	1,382	—	—	—	—

Inhalational Analgesia

The number of Midwives in practice in the County at the end of the year who were qualified to administer gas-and-air analgesia in accordance with the requirements of the Central Midwives Board, was as follows:—

Domiciliary Midwives	97
Employed in Homes and Hospitals in the National Health Service	90
Employed in Nursing Homes or Maternity Homes not in the National Health Service	—

The number of cases where gas-and-air analgesia was administered by Midwives in domiciliary practice during the year 1966 was 494.

Facilities are provided to enable domiciliary Midwives practising in the area to attend courses of instruction on the administration of analgesics in institutions approved by the Central Midwives Board.

The Central Midwives Board regards the administration by a midwife, acting as such, of Inhalational Analgesics during labour as treatment within her province, provided that:

“The patient has at some time during the pregnancy been examined by a registered medical practitioner who has signed a certificate that he finds no contra-indication to the administration of the analgesic by a midwife and, if any illness which required medical attention subsequently developed during pregnancy, the midwife obtained confirmation from a medical practitioner that the certificate remained valid”.

In all cases where gas-and-air analgesia is administered by a Midwife in domiciliary practice, a "second person" must be present who is acceptable to the patient as well as to the Midwife.

Following the publication of a paper on "The Hazards of Gas and Air in Obstetrics" in "Anaesthesia", the Central Midwives Board in 1963 reviewed their policy with regard to the administration of inhalational analgesics by midwives, with particular reference to the possible approval of nitrous oxide and oxygen apparatuses for use by midwives on their own responsibility to replace the nitrous oxide and air machines then in general use. The Medical Research Council recommended that a mixture of 50% nitrous oxide and 50% oxygen was safe for use as an analgesic by unsupervised midwives. In May, 1965, the Central Midwives Board gave particulars of a prototype apparatus produced by the British Oxygen Co. under the name of "Entonox" which delivered a constant mixture of 50% nitrous oxide and 50% oxygen. This machine had been subjected to field trials and the Central Midwives Board gave approval for its use by midwives on their own responsibility provided they have received the appropriate instruction.

Entonox machines were issued to all the County Council's Midwives and Home Nurse/Midwives in the year under review, in place of gas-and-air machines, and the majority came into use in March and April.

Sir Arnold Walker, F.R.C.S., F.R.C.O.G., who until recently was the Chairman of the Central Midwives Board, is reported in *The Medical Officer* to have stated, when he delivered the third Dame Juliet Rhys Williams Memorial Lecture at the Royal College of Surgeons, on 18th May, 1967: "Gas and air, regarded for many years as completely safe, was now considered potentially dangerous to the unborn child, and he hoped it would soon be replaced by premixed gas and oxygen".

Pethidine

As a consequence of the authority contained in Statutory Instrument No. 380 of 1950, the Dangerous Drugs Regulations, 1950 authorising Midwives who have notified their intention to practise to the Local Supervising Authority to be in possession of and to administer medicinal opium, tincture of opium and pethidine, all Midwives were issued with Dangerous Drugs books, and arrangements were made for the issue of pethidine from the Central Office. The number of cases in which pethidine was administered during 1966 was 2,403.

Trichloroethylene B.P. (Trilene)

All Midwives employed by the County Council have been instructed in the use of, and provided with, Trilene Inhalers, as an alternative method of inhalational analgesia to Gas and Air. The Inhalers are of a type approved by the Central Midwives Board for use by midwives, the same conditions being enjoined regarding the medical examination and the presence of a "second person" as with Gas and Air Analgesia.

The number of cases where Trilene was administered by midwives in Domiciliary practice during the year was 2,795.

Refresher Courses

Since 1st February, 1955 all midwives have attended a Refresher Course as laid down under Section "G" of the Rules of the Central Midwives Board. Under this arrangement midwives will continue to be sent at regular intervals. In addition, the Supervisors of Midwives attend in rotation the annual Post-Certificate Courses conducted by the Association of Supervisors of Midwives.

Training of Pupil Midwives

Arrangements were made with the Sheffield Regional Hospital Board for the training of Pupil Midwives in the Chesterfield area. The arrangements provided for the Regional Hospital Board paying: (1) the pupil Midwives' salaries and (2) £3 3s. 0d. per week to the Midwife for providing board and lodging for each pupil; while the County Council pays £30 per annum to the Midwifery Teacher.

The Royal College of Midwives — Statement of Policy on the Maternity Service

It is thought that the following "Statement of Policy on the Maternity Service" issued by the Royal College of Midwives in 1964, might prove of interest. In the introduction to the statement the College states "The Maternity Service of Great Britain is facing a grave crisis, owing to the rising birth rate, the increasing demand for hospital confinement, and the overall shortage of practising midwives. This problem is of concern to everyone, and it must be solved if mothers and babies are to have the best possible care. The Council of the Royal College of Midwives, as the professional organisation representing midwives, has drawn up this statement in the hope that it may contribute towards the solution of a very difficult problem".

The Maternity Service

The College believes that the maternity service should be regarded as one service, although it is administered by three different authorities. If this principle is fully accepted by everybody, the barriers of the tripartite administration can be broken down, and real unity achieved.

The Midwife

It is essential that the maternity service of the future should be adequately staffed by well-trained midwives. They must be capable, at all levels, of taking their full share of responsibility, with their medical colleagues, for the care of the parturient woman and her child from early pregnancy until the end of the puerperium.

The midwife has been recognised for many years as a teacher of mothercraft, either to individuals or groups of mothers. In view of the present demand from young people for knowledge to enable them better to undertake their responsibilities as parents, greater emphasis should be given to this aspect of the midwife's training and practice.

The college welcomes the suggestion that the midwife should be in attendance for twenty-eight days following confinement. This would give a satisfactory service to the mothers and babies, as continuity of care and guidance would be ensured, though daily visits during the latter part of this time would be unnecessary.

Place of Confinement

Until the demand for additional maternity beds is satisfied, the beds available must be used to the best advantage. Hospital confinement must be planned for those women with adverse medical, obstetric or social conditions. Those with good domestic circumstances, for whom a home confinement is considered suitable, should be encouraged to make use of the excellent domiciliary service which is available for them. Many women prefer to be at home for their confinement, but there are some who have not had this experience and do not realise what is provided.

They should never be given the impression that if they have their baby at home they will receive a second-best service.

In some parts of the country there are insufficient beds to allow all women who need hospital confinement to remain in hospital for the normal period of ten days. In these areas it is at present necessary for some mothers with suitable home conditions to go home early.

The College believes that early discharge schemes should only be regarded as temporary emergency measures, to make it possible to provide beds **now** for all women who really need them, both for ante-natal care and delivery.

Careful planning and organization is essential, and the women must be prepared beforehand for the possibility that they may go home early if all goes well.

If possible they should be discharged within the first 48 hours after confinement, so that continuity of care by the domiciliary midwife can be maintained. Other mothers, particularly those with bad home conditions, should remain in hospital for ten days.

The Domiciliary Service

At the present time over a quarter of a million births take place at home, that is 34 per cent of all births. In addition to this, approximately 20 per cent of mothers delivered in hospital receive most of their post-natal care at home, so that it is obvious that the domiciliary service is an absolutely essential part of the maternity service.

It must be maintained at the highest possible level of efficiency, the midwives being provided with the most up-to-date equipment, and car transport. There should be sufficient staff to enable them to give their individual attention to women in labour.

Domiciliary midwives must be supported not only by general practitioner-obstetricians, with whom they work in close co-operation, but also by efficient and readily available emergency obstetric and paediatric services. The Home-Help service also needs considerable expansion to provide adequate domestic help for mothers delivered at home or discharged early from hospital. In these circumstances the domiciliary service can offer, for normal cases, a service as safe and efficient as that provided by the hospital, with the added advantage to the mother of her home surroundings.

The Hospital Service

If the maternity hospitals are to withstand the increasing pressure placed upon them, steps must be taken at once to recruit more midwives and to retain existing staff. Prospects of promotion in the midwifery profession are at present limited, and the ten-year hospital plan, by abolishing over 150 independent maternity hospitals and replacing them by maternity units of district general hospitals, will diminish rather than improve these prospects. A profession with so few first-grade administrative posts will never attract or keep leaders.

The College believes that all but the smallest units, whether or not they are training schools, should be administered by midwifery matrons, and not by the matrons of the general hospitals to which they are attached.

Midwives should be given more opportunities to take courses in administration to prepare themselves for these posts, and consideration should be given to providing a special administrative course for midwives. This should be in addition to the Midwife Teachers' Diploma, which at present is the only post-graduate midwifery qualification available.

Salaries and Conditions of Service for Midwives

If the maternity service is to be adequately staffed by midwives it is essential that the value to the community of their professional skill, and the heavy responsibilities they undertake, should be fully recognised in their salary and status. The College believes that this has not yet been achieved and that salaries in both the hospital and the domiciliary field must be made more attractive.

Conditions of service, particularly with regard to arrangements for off-duty and night duty rotas must be improved. This applies as much to the domiciliary as to the hospital service.

All midwives should have sufficient clerical and auxiliary help to free them from extraneous tasks so that their knowledge and skill may be devoted to the immediate care of the mother and child, and to the teaching of the mother, the junior staff and the pupil-midwife.

Conclusion

These are challenging and exciting days and much research work is being done to evolve the best possible maternity service for the country. The Royal College of Midwives will always endeavour to be progressive in its thinking, and thereby makes its full contribution towards this end."

HEALTH VISITING

(Section 24)

All the health visiting services in the County are carried out directly by the Authority and, therefore, no agency arrangements with other bodies are in force. The Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as Principal School Medical Officer to the County Education Committee. A great deal of their work for the County Health Committee has already been referred to (under Section 22) as a substantial part of the care of mothers and young children is in their hands.

The Health Visitor's duties in this County include school nursing, attendance at ante-natal, relaxation, mothercraft, cytology, infant and child welfare, tuberculosis, immunisation and vaccination clinics, T.B. visiting, care of the aged, the sub-normal and handicapped child, hearing assessments, and home visits to children up to the age of 5 years. Lectures are given on home nursing and child care, talks and films to Women's Institutes, Young Wives' Groups, Young People's Clubs and Parentcraft classes. Some of these classes are held for young people taking the Duke of Edinburgh Award. The school children are shown films and given talks on personal hygiene, junior mothercraft, home nursing and general health education.

Health Visitors are in frequent touch with the hospitals, either directly through the hospital almoner or by receiving written details

of cases when they are discharged from hospital. In this way they are kept informed of any cases requiring their special supervision and help.

In order to enable Health Visitors and School Nurses to make the best use of their time, especially as there is a shortage of Health Visitors, the Authority agreed to grant travelling allowances to all Health Visitors and School Nurses for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to those wishing to obtain loans for this purpose. At the end of the year under review sixty-one Health Visitors out of a total of sixty-six, and all the three School Nurses were using motor cars.

Training of Health Visitors

In view of the shortage of candidates to this branch of the nursing profession, a scheme is in operation whereby State Registered Nurses who hold at least the first certificate under the Central Midwives Board's rules, or have had three months obstetric training, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly the scheme provides for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid the minimum of the Health Visitor's salary during the training period. A further important condition is that, if required, the candidate will remain on the staff of the County Council for at least two years after the completion of training. A formal agreement is drawn up between the nurse and the Authority to ensure the necessary financial safeguards, in view of the Authority's expenditure in providing for the nurse's training.

In all, 41 Health Visitors have been trained under this scheme since 1949. Five students commenced training in October of the year under review.

Liaison between General Medical Practitioners and Health Visitors

I reported fully on this matter in my Annual Report for 1964. Mr. Lyndon Irving, the Clerk of the Derbyshire Local Medical Committee, wrote the following letter to me on 8th November, 1965:—

"At its November meeting my committee passed a resolution that you be requested, as County Medical Officer of Health, to ask the County Health Committee to consider a proposal that nurses, midwives and health visitors be attached to practices in those parts of the County where this would be possible."

I replied to Mr. Lyndon Irving as follows:—

"Your letter of 8th November, 1965 was placed before the Joint Medical Services Sub-Committee of my Authority on 7th December, 1965, when the following Minute was passed:—

"1461. *Attachment of Health Visitors to General Medical Practitioners.* The County Medical Officer reported a request from the Derbyshire Local Medical Committee that Nurses, Midwives and Health Visitors should be attached to General Medical Practitioners in those parts of the County

where this would be possible. RESOLVED that the County Medical Officer send to the Clerk of the Local Medical Committee relevant extracts from the County Medical Officer's Annual Report and inform the Local Medical Committee this arrangement is favoured by the Committee, but the matter will be reviewed after the current national negotiations concerning the conditions of service of General Medical Practitioners have been completed."

The above Minute of the Sub-Committee was confirmed by its parent Committees, namely, the County Health Committee and the Education Committee, at their meetings which took place respectively on 20th December and 21st December, 1965.

As you are well aware, in the County Council's Health Services Hand Book, the names, addresses and areas of operation as well as the telephone numbers are given of Nurses, Midwives and Health Visitors, so that there can be direct access between General Medical Practitioners and those Officers.

The County Council is required under the National Health Service Act to provide an adequate Home Nursing and Domiciliary Midwifery Service and has also responsibilities under the Midwives Acts for local supervision of Midwives in hospitals as well as in the patients' homes, but even so, Nurses and Midwives have always acted under the clinical direction of General Medical Practitioners in this County.

All our Health Visitors act as School Nurses, and as the County Council is Local Authority under the National Health Service and Education Acts it has obligations to provide clinic and school health services. This means that the Health Visitors have a number of fixed appointments at Clinics and Schools which precludes full attachment of Health Visitors to doctors' practices.

On my Committee's instructions I am attaching to this letter an extract from my Annual Report as County Medical Officer of Health for 1964 on "Liaison between General Medical Practitioners and Health Visitors", which indicates that out of the 567 General Medical Practitioners approached by Health Visitors, 436 did not agree to regular fixed meetings, but preferred contacts to be made as the need arises. If any of these 436 doctors wish to change their minds, then my Committee would be agreeable providing the degree of attachment does not exceed what was envisaged there.

However, after the present national negotiations on Conditions of Service for General Practical Practitioners have been completed, my Committee are prepared to look at this matter again in the light of the altered circumstances.

I am enclosing four dozen copies of this letter and its enclosure, so that a copy will be available for distribution to each member of the Local Medical Committee."

Extracts from the Annual Report of the County Medical Officer of Health for the Year 1964, pp. 79-81.

“Liaison between General Medical Practitioners and Health Visitors.

I wrote the following letter to the Health Visitors on the 10th November, 1964:—

“At the meeting arranged at the County Offices at 3.45 p.m. on Friday, November 6th, 1964, to discuss the practicability of the attachment of Health Visitors, in whole or in part, to General Medical Practitioners, 51 Health Visitors attended out of 68 employed at the present time (outside the Delegate Authority of the Borough of Chesterfield).

The Clerk of the Derbyshire Executive Council provided the following numbers of single-handed General Medical Practitioners and partnerships as at 31st December, 1962:—

	<i>Resident in the administrative County</i>	<i>Not Resident in the administrative County</i>
Single-handed practices ..	60	76
Two-Doctor partnerships ..	48	54
Three-Doctor partnerships	30	18
Four-Doctor partnerships	8	9
Five-Doctor partnerships ..	5	3
Six-Doctor partnerships ..	—	1
Number of Doctors ..	303	295
Total Number of Doctors		598

In my Annual Report for 1962, I reported as follows:—

“Increasing stress is being laid on the importance of liaison between the Health Visitor and the General Practitioner. For many years, in this County, Health Visitors have been asked to introduce themselves to the General Practitioners when they start work in their area. Many have no hesitation in discussing problems relating to patients with the General Practitioner concerned, but there is still room for closer co-operation between all field workers on the district . . . ideally, it would be nice if one Health Visitor was attached to each General Medical Practitioner . . .”

It will be seen from the figures that I have set out above for Health Visitors, as well as General Medical Practitioners that “attachment” is very difficult, particularly when Practitioners practise in more than one “area of administration” (e.g., when they practise in the Administrative County and in places like Sheffield, Derby or Burton, or in the adjacent County Council areas, as well as the Delegate Authority of Chesterfield). There is the additional point, that it all depends what “attachment” means. We, in this County, have issued a comprehensive Hand Book, setting out the names and addresses and telephone numbers of the Health Visitors, as well as other staff, so that they might be readily accessible, whether at the Clinics or their homes. As mentioned above, Health Visitors have been asked to introduce themselves to the General Medical Practitioners, when they start work in their areas. This must produce a degree of “attachment”.

As a result of our discussion on November 6th, I am asking Health Visitors to go one step further—by requesting them to approach each General Medical Practitioner who is responsible for a substantial number of patients in their areas (they ought to know who they are from their health visiting), and offering to make a fixed appointment to see him, say, once a week, fortnight, three weeks or a month, at a mutually convenient time. I do not mind where the meeting is arranged, e.g. it could be at his surgery or at a County Council Clinic. It is thought that this might afford an occasion for discussing cases of common interest, or where the assistance or advice of one or the other would be advantageous in the treatment of a patient.

In this connection, I am setting out an excerpt from the “Gillie”* Committee’s Report (para. 137):—

“In all departures from health, social and environmental issues impinge on the medical problems. Co-ordination of the findings and advice of social workers with those of the doctor is essential if work in caring for the community is to be fully effective and not conflict or overlap . . .”

I should like you to write a letter to me, marked “personal”, indicating the extent of your success, or lack of success, in arranging for this suggestion to be carried out.

*Dr. Annis Gillie was the Chairman of a Special Sub-committee of the Central Health Services Council that reported on “The Field of Work of the Family Doctor”. The Central Health Services Council is a body which advises the Minister of Health on the operation of the National Health Services.”

The following is a summary of the replies that were received:—

- | | |
|--|-----|
| (1) Replies were received in respect of 69 Health Visiting Areas. | |
| (2) Total number of General Medical Practitioners who were approached by the Health Visitors | 567 |
| (3) Number of General Medical Practitioners who agreed to a regular meeting taking place:— | |
| (a) once a week | 9 |
| (b) once a fortnight | 14 |
| (c) once every three weeks | |
| (d) once a month | 41 |
| (4) Number of General Medical Practitioners who did not agree to regular fixed meetings, but who preferred contacts to be made as the need arises | 436 |
| (5) Number of General Medical Practitioners who had not replied to the approach | 57 |
| (6) Ten General Medical Practitioners favoured having regular meetings with the Health Visitors (seven in one area and three in another area), but had not decided how frequently they would like to meet. | |

(NOTE:—The “Number of General Medical Practitioners” means the total number of the individual Doctors concerned, i.e. a group practice or a partnership with, say three members, is counted as three Doctors).”

STATISTICS RELATING TO MATERNAL AND CHILD WELFARE

Statistics regarding the Authority's Maternal and Child Welfare Services are submitted annually to the Ministry of Health, and appear at the end of this report (Appendix I).

Certain facts are extracted for use in the Department, but as they are likely to be of general interest they are set out in the table on pages 83 and 84, for easy reference. The headings under which the statistics appear are self-explanatory and give a summary of the position from year to year with regard to certain of the services provided under Section 22 of the National Health Service Act. (It will be appreciated that all figures are based on the number of notified births, which varies slightly from the number of registered births provided by the Registrar-General).

MATERNAL AND CHILD WELFARE

1. Ante-Natal Clinics—

Number of sessions	1,142
New Cases	1,857
Ante-Natal attendances	6,685
Post-Natal attendances	111

2. Visits to Homes—

Number of children under five years of age visited during year	53,167
Children under one year of age—	
Cases visited	14,198
Children age one year and under two years—	
Cases visited	13,397
Children age two but under five years—	
Cases visited	25,572
Tuberculosis Households—	
Cases visited	599
Other cases visited	2,606

3. Infant Welfare Centres—

Number of sessions	5,188
Number of children who attended during the year and who were born in—	
1966	10,055
1965	11,820
1964-61	8,287
Total number of children who attended during the year	30,162
Total attendances during the year	206,797

NUMBER OF NOTIFIED BIRTHS :

	1959	1960	1961	1962	1963	1964	1965	1966
Live Births
Still Births
Total Births

DOMICILIARY MIDWIFERY :

L.H.A. Midwives—Number of cases attended :

as Midwives	..	..	..	..	..	..	..	..
as Maternity Nurses	..	..	..	..	..	..	..	..
Total	..	..	..	..	..	..	..	..

Midwives in private practice—Number of cases attended :

as Midwives
as Maternity Nurses
Total

Domiciliary Cases—Grand Total

..
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1959 1960 1961 1962 1963 1964 1965 1966

Number of Domiciliary Cases attended as a percentage of all notified births 37.79 37.51 35.5 36.91 35.24 32.69 28.54 27.44

ANALGESIA

Number of cases in which inhalational analgesics were administered by L.H.A. Midwives in Domiciliary practice 4,073 4,239 4,090 4,508 4,291 4,101 3,553 3,344
 Number of cases of Analgesia as a percentage of domiciliary births 83.94 85.61 84.77 85.73 85.34 85.77 84.83 84.00

ANTE-NATAL CLINICS

Number of L.H.A. Clinics 24 25 25 25 25 25 23 23
 Number of new cases attending during the year 2,924 2,732 2,229 2,065 1,962 2,043 2,073 1,857
 Number of new ante-natal cases as a percentage of all notified births 24.38 20.69 16.8 14.49 13.75 13.98 14.13 12.8

POST-NATAL CLINICS:

Number of cases attending during the year (including post-natal cases at Ante-natal Clinics) 473 470 399 308 279 213 179 111
 Number of new post-natal cases as a percentage of all notified births 3.69 3.56 3.09 2.06 1.95 1.46 1.22 .76

INFANT WELFARE CENTRES:

Number of L.H.A. Centres 97 98 101 103 107 110 110 110
 Number of Voluntary Centres 2 2 2 3 3 2 2 2
 Number of children who first attended an Infant Welfare Centre during the year (under one year) 9,108 9,205 9,589 10,451 7,663 9,818 10,106 10,055
 Number of first attendances of children under one year of age at I.W.Cs. as a percentage of notified live births 72.67 71.31 72.34 73.37 54.57 67.2 69.96 70.47

HOME NURSING SERVICE

(Section 25)

This service has now been in operation for eighteen years and its value to the community is so well-known and appreciated that little comment is necessary. Much of the nurses' time is taken up in nursing the elderly. Their services also do much to relieve the pressure on hospital beds. It has been found that nursing in the home, when possible, is far more acceptable to the majority of patients than treatment in hospital, particularly with the elderly and young children, as they seem to progress more favourably in familiar surroundings.

The County Council, through their Care-and-After-Care Service, provide a large number of nursing aids which prove very helpful in the nursing of patients in their homes.

In the interests of the service, when vacancies for nurses occur, the circumstances of the area are reviewed to see if any changes are desirable.

The following table gives some indication of the staffing position since 1960:—

	1960	1961	1962	1963	1964	1965	1966
Full-time—							
Home Nurse-Midwives	28	26	25	21	14	14	13
Home Nurses	113	115	127	128	133	136	137
Total	141	141	152	149	147	150	150
Part-time	1	—	—	—	—	—	1
TOTAL full-time and part-time	142	141	152	149	147	150	151

During 1966 the nurses attended 10,479 patients and the number of visits paid was 382,547; 50·3% of the patients attended were over sixty-five years of age at the time of the first visit, and 2·5% were under five years of age.

The County Council has realized the advantage to all concerned of nurses using cars in connection with their duties, and it is their policy to grant car allowances to these Officers. The number using cars at the time of writing is 143 out of 151 nurses. Many nurses take advantage of the County Council's Scheme for granting loans towards the purchase of cars.

Local Housing Authorities have again been helpful in renting houses on their housing estates for occupation by home nurses, thus enabling the nurses to reside where there is a concentration of people.

The principle of enabling nurses to attend post-certificate or refresher courses every five years has been continued, and in addition to this, in recent years, a limited number of nurses have been allowed to attend special courses on Mental Health. This type of course is felt to be important in view of the changing attitude towards mental illness. There can be no doubt that money spent on these courses is well worthwhile, as the nurses are made aware of the latest advances in treatment.

VACCINATION AND IMMUNISATION

(Section 26)

At the time of writing this report, the Authority's services are available to provide immunisation facilities against diphtheria, poliomyelitis, smallpox, tetanus and whooping cough. These prophylactics are available at all the County Council's Clinics, or if patients desire, they can be administered by their own Medical Practitioners to whom the County Council makes available the appropriate antigens.

The question of vaccination and immunisation is never lost sight of when the Department's Health Education programme is considered. Meetings are arranged with the County Council's medical staff from time to time, when aspects of immunisation programmes which are of current interest are discussed and problems are brought forward.

The rules regarding the keeping of records of immunisation, other than those concerning B.C.G., were laid down in a Ministry circular which was issued in 1964. This suggested that records should be maintained only for children who have not reached their sixteenth birthday, and that national statistics were to be similarly restricted. This, of course, means that Local Health Authorities are now not required to keep records of immunisations and vaccinations of persons over the age of fifteen years, but in the case of B.C.G., under a separate recommendation, it has been suggested that such records be kept for ten years so that if a child or person develops tuberculosis reference can be made to previous records of immunisation.

From April, 1967, a new Ministry of Health circular (3/67) will come into operation. This concerns itself mainly with the payment to General Medical Practitioners for certain items of service, but will have the effect of altering the records kept by Local Authorities.

In future General Medical Practitioners will receive payment on the basis of a completed form sent to the Executive Council. Copies of certain of these forms will be supplied free of charge to Local Health Authorities so that they will have the same information as previously.

There will, in fact, be three forms, any one of which may be completed by a General Practitioner and sent to the Executive Council. The first form deals with routine vaccination and immunisation other than against smallpox, and a copy of this form will automatically be supplied to the County Council free of charge by the Executive Council.

The second form is for vaccination and immunisation other than against smallpox in special circumstances (e.g. for the protection of persons at special risk, or of persons travelling abroad, or for the control of an outbreak). A copy of this form will not be sent to the Local Health Authority.

The third form is used for vaccination against smallpox either as a routine measure or in special circumstances and like the first a copy will be supplied, free of charge by the Executive Council, to the Local Health Authority.

The first and third forms, it will be seen, will replace the records which local health authorities have previously received from General Medical Practitioners, for which they have hitherto paid a fee. In future no fee will be payable by the local health authority in respect of records for vaccinations or immunisations undertaken in pursuance of public policy. These are inoculations against diphtheria, whooping cough, tetanus, poliomyelitis, smallpox, anthrax, typhoid and paratyphoid fevers, and cholera.

An Appendix to Circular 3/67 sets out in great detail the different types of immunisations, the forms which the General Medical Practitioners will complete, and the rules which govern the payments by the Executive Council.

Tetanus

The subject of immunisation against tetanus has become increasingly important on account of the frequency of road accidents in which infection by this organism may be an important factor. The subject was dealt with at some length in my annual report for 1964.

Briefly, immunisation may be carried out by two means: first by passive immunisation which is achieved by administering anti-tetanic serum; and secondly by active immunisation with anti-tetanus vaccine.

The first method is of immediate value but the effect is short-lived and in the case of repeated doses it may be very transitory indeed. As I stated last year, a number of patients may have been given anti-tetanic serum—or anti-diphtheritic serum for that matter—in the past. If given serum again they may develop not only side effects which are serious, but the anti-toxic serum passes through the kidneys quickly, because of the reaction of the body being previously sensitized, and it does not then maintain a “cover” of anti-toxin for the usual period of two or three weeks.

It is also difficult to know what injections a casualty has had in the past, and indeed an unconscious patient may be extremely sensitive to serum. Until we have some means of recording indelibly important medical facts, a Casualty Officer may be in a quandary as to which injections may be safely given. It is often suggested that people should carry some record of details which would be useful should they meet with an accident or be found unconscious, as is done, I believe, in the case of some diabetics and workers in special industries.

It is becoming more important, therefore, that people should receive active immunisation against tetanus. This consists in giving a primary course of three doses: usually two doses of toxoid are given four to six weeks apart, followed by a reinforcing injection some six to twelve months later.

With regard to immunisation beyond the primary course, one manufacturer has suggested that after completion of this primary course, one or two reinforcing doses at intervals of not less than five years will maintain a satisfactory immunity for many years.

The question has been raised as to whether there is any danger in giving further prophylactic doses of tetanus toxoid after the primary course has been completed (or if the previous history of the patient is not known). In the *British Medical Journal* for 1st January, 1966, the following answer was given:—

“Children are fully immunised against tetanus if they have had a primary course of three doses of tetanus toxoid with intervals of six to twelve weeks and six to twelve months respectively between the injections. They should have further reinforcing doses every six to twelve years or immediately after sustaining some types of wounds if the previous reinforcing doses were given twelve months previously.

It may be considerably cheaper and administratively simpler to immunise all children in a school irrespective of their previous immunisation history, rather than enquire or search the records to find out which are already fully immunised. Nevertheless, this practice cannot be justified as being in the children's interest. Immunisation against tetanus cannot be regarded as an absolutely reaction-free procedure. Admittedly, an immediate type of reaction resulting in general collapse within five to ten minutes after injection is rarely encountered, but cases have been reported in Service men who have suffered no ill-effects after previous injections of tetanus toxoid. Local reactions on the other hand are frequently seen. They consist of swelling around the injection site (sometimes involving the whole limb), induration, erythema, pain, tenderness and regional adenopathy. These develop on the second or third day after immunisation and reach a maximum by the fourth to seventh day. They may well be due to a mixture of Arthus-type reaction and delayed-type sensitivity produced by previous injections of tetanus toxoid.

The problem of side-reactions after tetanus toxoid is only a minor matter compared with the need for all persons to be actively immunised against the disease. Nevertheless, unnecessary and indiscriminate injections of toxoid to fully protected persons would lead to an increase in the incidence and severity of allergic reactions. If there is no evidence available to indicate whether a child has been previously immunised, he should, of course, start on a primary immunisation course. All immunised persons should be aware that they have been protected and be in possession of information to that effect.”

The tetanus toxoid to which I have referred is put out by the manufacturers and supplied by the County Council in two main forms: (1) a plain fluid preparation (Tet/Vac); and (2) one adsorbed on aluminium hydroxide (Tet/Vac/PTAH). Both are effective vaccines, but the adsorbed preparation is rather more effective than the fluid preparation in that it gives a somewhat greater degree of protection between the second and third doses. It has the additional important advantage that it can (and should) be administered at the same time as tetanus anti-toxin (A.T.S.).

Tetanus antigen is, however, usually given as part of a combined injection with diphtheria and whooping cough in the early years of a child's life and for that reason is often called a "triple antigen" (DTP/Vac). Other preparations are diphtheria and tetanus vaccine (DT/Vac/FT) as well as the two preparations for tetanus alone referred to previously (Tet/Vac/PTAH) and (Tet/Vac/FT).

If everybody had received a primary course of immunisation against tetanus which had been maintained by subsequent injections at suitable intervals, then all that would be necessary in the case of serious injury where tetanus was feared would be a further dose of tetanus toxoid with, of course, the usual surgical treatment of the injured area.

Diphtheria, Pertussis (Whooping Cough), Tetanus and Poliomyelitis

The following is a copy of the return submitted to the Ministry of Health in respect of the immunisations of persons under the age of 16 against diphtheria pertussis, tetanus and poliomyelitis, during 1966:—

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1966

TABLE 1—Completed Primary Courses—Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
1. Quadruple DTPP ..	25	40	15	5	1	—	86
2. Triple DTP	4,157	5,736	558	220	363	130	11,164
3. Diphtheria/Pertussis ..	3	—	1	—	1	2	7
4. Diphtheria/Tetanus ..	12	30	20	17	244	132	455
5. Diphtheria	—	4	—	—	10	34	48
6. Pertussis	—	—	—	—	1	—	1
7. Tetanus	—	—	2	1	32	291	326
8. Salk	—	2	2	—	—	—	4
9. Sabin	2,292	4,329	482	247	626	193	8,169
10. Lines 1+2+3+4+5 (Diphtheria)	4,197	5,810	594	242	619	298	11,760
11. Lines 1+2+3+6 (Whooping Cough) ..	4,185	5,776	574	225	366	132	11,258
12. Lines 1+2+4+7 (Tetanus)	4,194	5,806	595	243	640	553	12,031
13. Lines 1+8+9 (Polio) ..	2,317	4,371	499	252	627	193	8,259

TABLE 2—Reinforcing Doses—Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP	48	678	1,694	437	2,739	469	6,065
3. Diphtheria/Pertussis ..	—	3	—	—	23	10	36
4. Diphtheria/Tetanus ..	13	55	159	63	2,712	749	3,751
5. Diphtheria	1	—	—	—	102	91	194
6. Pertussis	—	—	—	—	1	—	1
7. Tetanus	1	2	2	6	37	214	262
8. Salk	—	—	—	—	—	—	—
9. Sabin	28	162	182	77	6,144	316	6,909
10. Lines 1+2+3+4+5 (Diphtheria)	62	736	1,853	500	5,576	1,319	10,046
11. Lines 1+2+3+6 (Whooping Cough) ..	48	681	1,694	437	2,763	479	6,102
12. Lines 1+2+4+7 (Tetanus)	62	735	1,855	506	5,488	1,432	10,078
13. Lines 1+8+9 (Polio) ..	28	162	182	77	6,144	316	6,909

Anthrax

Ministry of Health Circular 19/65, dated 6th September, 1965, stated that vaccination against anthrax is desirable for workers exposed to special risks of contracting the disease. The workers mainly concerned are those in establishments such as tanneries, glue, gelatine, soap and bonemeal factories and woollen mills. Authorities which have establishments in their areas handling these materials were urged to make the necessary arrangements under Section 26 of the National Health Service Act, 1946, for vaccination against anthrax.

Sir George Godber, the Chief Medical Officer of the Ministry of Health, also wrote stating that: "Hitherto anthrax vaccine has not been generally available. Control of the disease has depended largely on the early recognition and treatment of cases and on the prophylactic use of antibiotics in appropriate circumstances. These measures remain important for the control, particularly of cutaneous anthrax, but prophylaxis by antibiotics is not practicable in situations where a risk of infection is continuous and may prove ineffective in preventing the rare pulmonary form of the disease. Circumstances may also be such that the patient is unable to seek expert medical advice at the earliest opportunity. Now that an effective anthrax vaccine has been made available you may think it desirable that all persons exposed to special risks of contracting the disease should be offered active immunisation." After consultation with the Derbyshire Local Medical Committee, I wrote to all the General Medical Practitioners practising in the County informing them of the scheme, and giving the address of the Public Health Laboratory from which the vaccine is obtainable.

It was gathered from Circular 19/65 that the Ministry of Labour would communicate on the matter with firms whose employees were "at risk". I consulted the four H.M. Inspectors of Factories who supervise areas in Derbyshire and it was understood that there was only one firm in the administrative County in which employees may be exposed to the risk of contracting anthrax.

Smallpox

The following table is given in the form in which it is sent to the Ministry of Health and shows the number of persons under the age of 16 who have been vaccinated against smallpox during 1966:—

<i>Age at date of vaccination</i>	<i>Number vaccinated</i>	<i>Number re-vaccinated</i>
0-3 months	60	—
3-6 months	137	—
6-9 months	86	—
9-12 months	178	—
1 year	1,848	1
2-4 years	2,637	39
5-15 years	1,049	599
TOTAL ..	5,995	639

No case of smallpox occurred in the County during 1966.

In recent years controversy has arisen as to the desirability of early vaccination and whether this is an essential weapon in combating the disease. I would recommend, however that every child be vaccinated before the age of two years as at that period complications are less serious than in adolescence and adult life.

The Ministry of Health have provided the following table which shows the percentages vaccinated in the County, as compared with England and Wales, together with other relevant information:—

	<i>Children born in 1965</i>			<i>Smallpox (Children under 2) (4)</i>
	<i>Whooping Cough (1)</i>	<i>Diphtheria (2)</i>	<i>Poliomyelitis (3)</i>	
England and Wales	72	73	68	38
Derbyshire	70	70	46	17

The figures in columns (1) - (3) are calculated to show the percentage of children born in 1965 who have been vaccinated at any time.

Column 4 includes only children who were vaccinated during 1966 and were under 2 years old at the time, and is calculated as a percentage of children born during 1965. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis

In my report for 1961. I devoted some five-and-a-half pages to discussing B.C.G., which has now become an established practice. Briefly, there are two schemes for vaccination against tuberculosis: first, the contact scheme which is carried out by Chest Physicians through the Chest Clinics; and second the routine vaccination of school children between their 13th and 14th birthdays (subject to parental consent). Details of the work carried out under the two schemes are given below:—

			<i>Contact Scheme</i>	<i>School Children and Students</i>
No. skin tested	..	..	1,794	6,287
No. found positive	..	..	445	1,165
No. found negative	..	..	1,276	4,928
No. vaccinated	..	..	1,046	4,865

Yellow Fever

Persons who propose to travel to certain countries are required to possess an International Certificate of Vaccination against Yellow fever as a condition of entry. The County Council's Clinic at Cathedral Road, Derby, has been designated by the Ministry of Health as one of the 47 Centres in the County available for giving this form of vaccination, and since the scheme came into operation on 1st July, 1960, a medical officer of the County Council's staff has attended this Clinic each Monday morning to vaccinate intending travellers. A charge of £1 1s. 0d. is made for each vaccination performed. During the year 209 persons were vaccinated against yellow fever and provided with International Certificates.

AMBULANCE SERVICE

(Section 27)

Structure and Organisation

During the year the Administrative County was served by a wholly directly operated Service from:—

- (a) four Main Stations with radio control and one Sub-Station all of which were manned throughout the 24 hours; and
- (b) eight Sub-Stations manned from 8 a.m. to midnight daily.

In respect of the Stations manned for 16 hours daily, night cover was afforded by standby arrangements augmented by the Main Stations' resources, with the exception of Glossop where complete night cover was given by the Staleybridge Ambulance Station operated by the Cheshire County Council.

As a result of an experiment undertaken during August and September, 1965, the County Health Committee agreed to provide an Ambulance Service vehicle in the Hope Valley for special functions over Bank Holidays, and at weekends in the summer from Whit week to early September, 1966, the hours of operation to be from 2 p.m. to 10 p.m. Following this further trial period, however, it was decided to discontinue the arrangement and that a vehicle be provided only on special occasions at the discretion of the County Medical Officer of Health.

The proposed extension to the London—Yorkshire Motorway (M.1) which will pass through the north-east part of the County (with access points at South Normanton, Doe Lea and Barlborough) will mean that an area forming an island between the new stretch of motorway and the eastern boundary of the County will be without an Ambulance Station. In order that adequate Ambulance Service coverage can be given to meet the additional commitment of the Motorway the County Health Committee agreed in principle to the provision of a new Ambulance Station being established in that area. The first stretch of motorway to be brought into use in Derbyshire is between the access points at Lockington in Leicestershire (at the junction with the A.6) and Sawley in Derbyshire (at the junction with the A.52). Prior to this portion of the Motorway being open to the public on 25th May, 1966, meetings were held between the Nottinghamshire and Derbyshire Police, Fire and Ambulance Services. In addition ambulance personnel attended a short instructional course on motorway procedure arranged by the Chief Constable of Nottinghamshire and also participated with the other Services of both Authorities in exercises actually carried out on the Motorway.

The Superintendents of the Main Stations continued to supervise the Day Stations within their own telephone area during the absence of the Day Station Superintendents for short periods.

The following procedure is adopted for calling an ambulance:—

(a) *Urgent Calls*

If ambulance transport is required to deal with an urgent case, such as a street accident, all that is necessary is to call the telephone exchange operator and ask for "Ambulance". The caller would be automatically put through to the appropriate ambulance station, when the call would be accepted and dealt with regardless of whom the caller might be.

(b) *Non-urgent Calls*

If a patient is suffering from a non-urgent condition, an ambulance or other form of suitable transport would be provided as appropriate, on the authority of a doctor, dentist, nurse or midwife, providing, of course, the patient cannot reasonably be required to travel by public transport.

The Council has kept all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary

midwives, the Police, the Fire Service and Telephone Authorities, in or serving the County, informed of the addresses and telephone numbers of the Ambulance Stations in the County and the method of calling an ambulance.

The arrangements, which were made at the inception of the Service, whereby the New Mills Ambulance Station gave ambulance cover to the Disley area on behalf of the Cheshire County Council throughout the 24 hours, were continued. Similar reciprocal arrangements in force since the "appointed day" with other neighbouring authorities along the whole of the County boundary were continued, in the interests of economy and efficiency.

As in the past, all long distance journeys outside the County were dealt with centrally. In order to reduce the amount of detailed accounting in respect of journeys undertaken on behalf of other authorities, the arrangements with certain neighbouring authorities to waive charges were continued during the year.

The following is a list of addresses and telephone numbers of the County Council's Ambulance Stations at the time of writing this Report.

Addresses and Telephone Numbers of Ambulance Stations.

Ambulance Station	Telephone Numbers		Address
	8 a.m. - midnight	midnight 8 - a.m.	
Main Station *MICKLEOVER	Derby 53916	Derby 53916	Station Road, Mickleover, Derby.
Sub-Stations Ashbourne	Ashbourne 3236		Park Avenue, Ashbourne.
Long Eaton	Long Eaton 5151		Briar Gate, Long Eaton.
.. Swadlincote	Swadlincote 7041		Civic Centre, Off Midland Road, Swadlincote.
Main Station *RIPLEY	Ripley 2175	Ripley 2175	Ivy Grove, Ripley.
Sub-Stations Ilkeston	Ilkeston 3401		Manners Avenue, Ilkeston.
Matlock	Matlock 2291		Sherwood Road, Matlock.
Main Station *BUXTON	Buxton 2012	Buxton 2012	Park Road, Buxton.
Sub-Stations New Mills	New Mills 3333		Park Road, New Mills.
Bakewell	Bakewell 2551		Baslow Road, Bakewell.
Glossop	Glossop 3101		Talbot House, Talbot Road, Glossop.
Main Station *CHESTERFIELD	At all times		Old Road, Ashgate, Chesterfield.
Sub Station **Eckington	Chesterfield 6282		Castle Hill, Eckington.

*Manned throughout the 24 hours and equipped for radio control.

**Manned throughout the 24 hours. Apart from the requisitioning of ambulance transport, the Telephone No. of this Station is Eckington 2391.

NOTES : (a) For all emergency cases, call the Telephone Exchange and ask Operator for "AMBULANCE".

(b) In all cases of difficulty in contacting a Sub-Station manned only from 8 a.m. to midnight contact should be made, where necessary, with the appropriate Main Station indicated above.

Conveyance of Mentally Disordered Patients

No change was made in connection with the transportation of mental patients. The Mickleover Ambulance Station, which is located approximately one mile from the Pastures Hospital, conveyed mental patients to and from that hospital; under this arrangement full advantage was taken of the use of specially trained nurses from the hospital, for escort purposes. The remaining Ambulance Stations in the County dealt with the transportation of mental patients outside the scope of this arrangement.

During the year the Mickleover and Matlock Ambulance Stations provided transport for the conveyance of patients to and from the Special Care Unit at Belper.

Conveyance of patients by Rail

The conveyance of patients by ambulance/rail/ambulance transport is now generally accepted as the recognised method for long distance journeys. The number of rail journeys undertaken during the year under review was 180 compared with 208 the previous year. The staff of British Railways, as well as other Local Health Authorities, have been most co-operative in connection with the transportation of patients under these arrangements. Similarly, the British Red Cross Society and the St. John Ambulance Brigade have been most helpful in providing escorts.

Infectious Diseases

As in the past, no special vehicles were set aside for this purpose and all cases of infectious diseases requiring ambulance transport were conveyed by the general Ambulance Service. All ambulance personnel are familiar with the procedure for the disinfection of ambulances and equipment. As hitherto, the special equipment for dealing with cases of smallpox or suspected smallpox is held at each Main Station in the County.

All ambulance personnel under the Conditions of Appointment are required to agree to vaccination against smallpox at such intervals as may be determined by the County Medical Officer of Health, and the following table shows the number of ambulance personnel vaccinated during the past five years, in accordance with the policy instituted in 1951 for this to be carried out biennially:—

<i>Year</i>				<i>Smallpox Vaccinations</i>
1962	..	..	..	128
1963	..	..	..	93
1964	..	..	..	126
1965	..	..	..	97
1966	..	..	..	159

Major Accidents

The procedure for dealing with major accidents is reviewed from time to time and amended instructions issued due to changed

circumstances either within the Police, Fire and Ambulance Services or the Hospital Organisation, as well as in the light of experiences reported on major incidents in other parts of the country.

The Construction (Health and Welfare) Regulations 1966 (S.I. 1966 No. 95) These Regulations came into force on 1st May, 1966. Regulation 8 makes a number of provisions for removing cases of accident and illness at building sites where more than 25 persons are employed at the site, including that a contractor who has in his employment on a site more than 25 persons shall:—

- (i) notify in writing the local health authority in whose area the site is situated, within 24 hours of employing for the first time more than 25 persons on the site, of the location and address (if any) of the site and the nature of the operations or works and the probable date of their completion.
- (ii) provide, at a site where means of telephonic or radio communication with an ambulance station are not readily accessible, a readily available motor vehicle constructed or adapted to take persons on stretchers required under the Regulations, and obtain from the local health authority a card showing the address of the nearest hospital named by the local health authority as one designated by the Regional Hospital Board to provide accident and emergency services, and ensure that the card is kept in a prominent position in the vehicle.

Telecommunications

During the past two years certain radio-telephone mobile and fixed station equipment has been replaced to conform to the Regulations introduced by the G.P.O. in connection with the 25 kilocycle channelling. In addition the County Council provided certain Ultra High Frequency (U.H.F.) links and emergency standby equipment to enable Stations to be remotely operated when they were automatically switched to 'talk through' in the event of a land line failure or mishap.

Having regard to the number of mobile units operating in the County, consideration is now being given to further improvements by the introduction of a two-channel system, that is, the use of two frequencies instead of one as at present.

The following table indicates the number of mobile equipments operating under the respective fixed stations on 31st December, 1966.

<i>Controlling Base Stations</i>	<i>Sub-Station</i>	<i>Number of Mobile Equipments</i>
Buxton .. ..	.. ..	9
	<i>Bakewell</i> ..	3
	<i>Glossop</i>	4
	<i>New Mills</i> ..	4
Chesterfield ..	.. ..	11
	<i>Eckington</i> ..	11
Mickleover ..	.. ..	10
	<i>Ashbourne</i> ..	3
	<i>Long Eaton</i> ..	6
	<i>Swadlincote</i> ..	6
Ripley .. ..	.. ..	13
	<i>Ilkeston</i>	4
	<i>Matlock</i> ..	6
Total ..		90

Premises

During the year work commenced on the construction of new Ambulance Stations at Glossop and Matlock. The building at Glossop is of traditional construction and materials, comprising an administrative block and a seven bay garage on the drive-through double banking principle, including a single bay containing an inspection pit and a workbench for the maintenance of vehicles.

The new Ambulance Station at Matlock is also of traditional construction and materials, whilst the garage accommodation for seven vehicles is of the single bay type due to the slope of the land.

Provision has been made at each of these Ambulance Stations for the housing of a welfare vehicle for the transportation of the physically handicapped.

Personnel

(a) Safe Driving Awards

The following table shows the results of the 1966 competition of the Royal Society for the Prevention of Accidents, together with those of the previous five years:—

<i>Year</i>	<i>Entered</i>	<i>Not Eligible</i>	<i>Disqualified</i>	<i>Diploma</i>	<i>5 Year Medal</i>	<i>Bar to 5 Year Medal</i>	<i>10 Year Medal</i>	<i>Bar to 10 Year Medal</i>	<i>15 Year Brooch</i>	<i>Bar to 15 Year Brooch</i>	<i>20 Year Brooch</i>	<i>Bar to 20 Year Brooch</i>	<i>25 Year Brooch</i>	<i>Exemptions</i>
1961 ..	202	5	23	101	9	35	2	16	—	1	—	2	—	8
1962 ..	215	6	34	88	14	41	3	17	—	2	—	2	—	9
1963 ..	222	6	41	77	15	41	6	19	4	1	—	1	—	10
1964 ..	217	9	33	78	10	45	6	17	6	5	—	1	—	7
1965 ..	202	6	31	64	14	41	9	18	1	9	—	1	—	8
1966 ..	227	10	34	74	4	56	3	25	1	8	1	1	1	9

The total number of accidents in which Ambulance Service Vehicles were involved during the year was 152 compared with 142 for 1965.

When considering the accident rate it must be borne in mind that the rules laid down by the Royal Society for the Prevention of Accidents are strictly applied and that every accident, no matter how trivial, is reported and investigated.

The high standard of finish of the modern ambulance bodywork may easily be damaged by the slightest accident and, therefore, the standard of driving and care of vehicles must at all times be of the highest order to preserve the condition of the vehicles.

(b) Training

In February, 1966, a series of further Civil Defence courses were started for all operational personnel in the general and functional subjects of the Ambulance and First aid Section. This training supplemented that given previously and took the form of a series of one day courses running simultaneously in the North and South of the County.

(c) Establishment

The following table shows the authorised establishment of ambulance personnel as at the 31st December, 1966:—

Ambulance Station	Station Superintendents	Shift Leaders	Senior Drivers	Driver/Attendants			Total
				Rotary Shift Workers	Alternating Shift Workers	Day Workers	
Ashbourne	1	—	1	—	8	—	10
Bakewell	1	—	1	—	9	—	11
Buxton	1	5	—	24	—	—	30
Chesterfield	1	5	—	24	—	7	37
Eckington	1	5	—	24	—	5	35
Glossop	1	—	1	—	9	—	11
Ilkeston	1	—	1	—	10	—	12
Long Eaton	1	—	1	—	10	—	12
Matlock	1	—	1	—	11	—	13
Mickleover	1	5	—	24	—	4	34
New Mills	1	—	1	—	9	—	11
Ripley	1	5	—	24	—	8	38
Swadlincote	1	—	1	—	10	—	12
TOTAL	13	25	8	120	76	24	266

Vehicles

As indicated in my Report for last year, the County Health Committee decided in 1964 to implement a policy of the replacement of 2/4 stretcher type ambulances and light ambulances after 8 and 6 years life respectively. The purchase of the additional replacement vehicles required was spread over 2 years, namely, 1965/66 and 1966/67. During the year under review, therefore, the following vehicles were ordered:—

- (a) Four Bedford/Lomas Hawson Easy Access Ambulances (2/4 stretcher type) on the J.1 chassis.

- (b) One Bedford/Lomas Hawson Easy Access Dual Purpose Ambulance on the J.1 chassis.
- (c) Nine Bedford/Lomas Junior Dual Purpose Light Ambulances on the C.A.L. chassis.

The following vehicles were operational on the 31st December, 1966:—

<i>Location</i>	<i>Number of Ambulances</i>	<i>Number of Light Ambulances</i>	<i>Number of Cars</i>
Ashbourne	3	1	—
Bakewell	3	1	1
Buxton	6	3	—
Chesterfield	8	3	—
Eckington	7	4	1
Glossop	3	1	—
Ilkeston	3	1	—
Long Eaton	4	2	—
Matlock	3	3	—
Mickleover	7	3	1
New Mills	3	1	—
Ripley	8	4	—
Swadlincote	4	2	—
Totals	62	29	3

The following Table shows the average:

(a) daily mileage travelled; (b) number of patients conveyed per day; and (c) mileage per patient:

compared with similar figures for the corresponding months of the previous four years: N.B. Figures for the conveyance of Mentally handicapped children to the Special Care Unit at Belper were included for the first time in the figures for November, 1965 so that statistics since that date are not strictly comparable with those prior to that date.

Month	1962			1963			1964			1965			1966		
	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Daily Mileage Patients	Average Miles per Patient	Average Miles per Patient
January ..	5,053	665	7.6	5,171	686	7.5	5,258	704	7.3	5,358	727	7.3	5,446	747	7.3
February ..	5,131	687	7.5	5,104	725	7.0	5,231	708	7.4	5,501	782	7.0	5,688	783	7.2
March ..	5,058	671	7.5	5,031	685	7.3	4,884	638	7.7	5,826	824	7.1	5,875	816	7.2
April ..	4,922	649	7.6	5,070	663	7.7	5,465	737	7.4	5,184	719	7.2	5,375	731	7.3
May ..	5,261	718	7.3	5,483	724	7.6	5,184	658	7.9	5,331	753	7.1	5,571	775	7.2
June ..	4,859	629	7.7	4,948	623	7.9	5,540	760	7.3	5,452	750	7.3	5,770	814	7.1
July ..	4,978	637	7.9	5,320	707	7.5	5,432	742	7.3	5,308	742	7.2	5,525	734	7.5
August ..	4,820	616	7.8	4,805	613	7.8	4,844	642	7.5	5,108	686	7.4	5,188	692	7.5
September ..	4,966	634	7.8	5,095	677	7.5	5,477	748	7.3	5,550	755	7.3	5,651	778	7.3
October ..	5,189	683	7.6	5,503	728	7.5	5,402	749	7.2	5,361	731	7.3	5,397	756	7.1
November ..	5,203	689	7.6	5,267	706	7.5	5,534	771	7.2	5,690	815	7.0	5,805	837	6.9
December ..	4,458	579	7.7	4,772	625	7.6	5,206	713	7.3	5,408	744	7.3	5,264	713	7.4
Averages	4,991	655	7.6	5,130	680	7.5	5,206	714	7.4	5,404	749	7.2	5,546	765	7.3

The following table shows the number of patients conveyed by Ambulance Stations and the mileage covered by Ambulances, Light Ambulances and Sitting Case Cars during the year.

1966	Cars			Light Ambulances			Ambulances			Totals		
	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage
Buxton ..	—	—	—	18	5,547	55,113	532	12,587	96,768	550	18,134	151,881
Chesterfield ..	—	26	129	23	11,612	76,760	1,245	37,800	179,059	1,268	49,438	255,948
Eckington ..	8	764	11,096	44	9,537	92,747	920	23,083	165,302	972	33,384	269,145
Mickleover ..	4	2,198	21,802	56	9,539	72,462	871	23,001	149,585	931	34,738	243,849
Ripley ..	—	—	—	17	10,487	100,987	704	25,925	226,741	721	36,412	327,728
Ashbourne ..	—	—	—	3	2,676	29,522	250	5,322	48,243	253	7,998	77,765
Bakewell ..	1	1,211	16,649	10	3,527	38,676	272	3,437	41,058	283	8,175	96,383
Glossop ..	—	—	—	9	3,240	21,011	235	8,864	43,357	244	12,104	64,368
Ilkeston ..	—	—	—	6	3,824	26,512	344	11,448	65,908	350	15,272	92,420
Long Eaton ..	—	—	—	35	4,745	35,050	223	11,805	69,080	258	16,550	104,130
Matlock ..	—	—	—	3	5,592	63,201	246	8,519	63,221	249	14,111	126,422
New Mills ..	—	—	—	5	1,760	19,382	201	7,641	59,096	206	9,401	78,478
Swadlincote ..	—	—	—	4	4,297	40,569	243	14,655	71,511	247	18,952	112,080
TOTALS ..	13	4,199	49,676	233	76,383	671,992	6,286	194,087	1,278,929	6,532	274,669	2,000,597

NOTE:— The above figures do not include the respective details for patients conveyed by the Mickleover and Matlock Ambulance Stations to and from the Special Care Unit at Belper.

The following Table shows the number of patients conveyed and the mileage covered monthly by Ambulances, Light Ambulances and Sitting Case Cars during the year.

1966	Cars			Light Ambulances			Ambulances			Totals		
	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage
January	4	499	6,268	18	6,437	56,242	413	16,227	106,318	435	23,163	168,828
February	—	367	3,977	24	6,416	55,445	436	14,813	97,716	460	21,596	157,138
March	—	381	4,289	27	7,730	68,410	518	16,596	106,496	545	24,707	179,195
April	1	275	3,318	20	6,066	53,680	495	15,375	103,044	516	21,716	160,042
May	—	137	1,512	21	6,653	57,312	661	16,762	111,382	682	23,552	170,206
June	—	227	2,558	27	6,692	59,397	573	16,983	108,549	600	23,902	170,504
July	—	355	3,900	20	6,429	58,106	596	15,551	107,044	616	22,335	169,050
August	—	343	4,602	16	5,550	50,770	524	15,564	105,465	540	21,457	160,837
September	2	490	6,513	15	5,876	50,671	526	16,556	109,974	543	22,922	167,158
October	1	376	4,050	18	6,063	52,414	521	16,591	108,643	540	23,030	165,107
November	2	496	5,919	13	6,569	56,088	501	17,434	109,126	516	24,499	171,133
December	3	253	2,770	14	5,902	53,457	522	15,635	105,172	539	21,790	161,399
TOTALS	13	4,199	49,676	233	76,383	671,992	6,286	194,087	1,278,929	6,532	274,669	2,000,597

PREVENTION OF ILLNESS — CARE AND AFTER CARE (Section 28)

The services provided under Section 28 are now well established. They consist mainly of dealing with the prevention of illness, and the Care and After-Care of persons suffering from physical or mental illness. They deal especially with handicapped persons, and with the provision of sick room equipment and special facilities, such as, hospital type bedsteads, sponge rubber mattresses and wheelchairs. In addition, the Council has, for a number of years, made a grant to the British Red Cross Society in consideration of the assistance provided through their medical loan scheme to Derbyshire residents.

Blindness and Partially-Sightedness

The welfare of the blind and partially sighted is, of course, controlled by the County Welfare Committee, but all applicants for registration have to be medically examined by an approved Ophthalmic Specialist and these applicants are dealt with by my Department. During the year 288 forms of report were received in respect of new applicants for registration. Of this number 260 were registered as blind or partially sighted, and 28 were certified as not blind or partially sighted.

Cataract, Glaucoma and Retrolental Fibroplasia

The following Table indicates the incidence of Cataract and Glaucoma in various age groups during the past ten years:—

		Under 50	50—60	60—70	70—	Total
Cataract ..	1957	2	3	10	99	114
	1958	3	3	9	67	82
	1959	3	1	5	61	70
	1960	4	2	9	53	68
	1961	2	5	9	43	59
	1962	3	2	4	65	74
	1963	1	2	6	63	72
	1964	1	2	9	62	74
	1965	2	5	16	93	116
	1966	2	4	7	52	65
Glaucoma ..	1957	1	—	1	11	13
	1958	—	3	8	17	28
	1959	—	—	4	12	16
	1960	1	2	8	25	36
	1961	1	—	2	14	17
	1962	—	1	5	21	27
	1963	—	1	6	10	17
	1964	—	1	6	27	34
	1965	—	4	5	17	26
	1966	—	1	6	18	25

Particular reference is made to these three conditions. Cataract and Glaucoma are of increasing importance because they are conditions which are found more frequently in the elderly, and as people are living longer a higher proportion are at risk. Retrolental Fibroplasia has apparently disappeared as suddenly as it arose some years ago. Six cases occurred up to 1960, one in 1961 and none during the last five years.

Chiropody

The history of a chiropody service administered by Local Health Authorities was dealt with fully in my Annual Report for 1964.

Very briefly this history goes back to 1953 when the matter was considered by the Associations of County Councils and Municipal Corporations. Nothing was decided at that time which gave guidance to Local Health Authorities, though in 1954 the National Health Service (Medical Auxiliaries) Regulations were published, which laid down the qualifications necessary before a Chiropodist could be employed in the National Health Service or by a Local Health Authority. The subject was raised again in 1955, when the County Councils Association did not consider the time was opportune to invite the Ministry to agree to "Approved Proposals" to enable Local Health Authorities to provide a chiropody service.

So far as Derbyshire is concerned the position was reported to the County Health Committee in February 1956. This led to a request being made to the Minister of Health for permission for Derbyshire to provide a chiropody service in the County Clinics. The Ministry replied on 16th March, 1956, that it had not been found possible, for financial reasons, to sanction any further development in this field. The case for chiropody was pressed, however, and a visit was paid to the Ministry of Health in January 1958, but it was not until 1959 that in Circular 11/59 permission was given for Local Health Authorities to commence their own local services.

The Circular 11/59 is set out in my Annual Report for 1960, and the County Councils Proposals, which were approved by the Minister on 26th October, 1959, are also set out there, as well as the qualifications needed by Chiropodists to enable them to work for Local Health Authorities.

During 1963 a rapid increase took place in domiciliary chiropody which resulted, at the end of the year, in this service being curtailed. The reason was simply financial, because Chiropodists could make far more money visiting patients at home than in working at Clinics. It should be emphasised that this occurred in only two parts of the County. The larger part of Derbyshire was not affected and domiciliary visiting has, in fact, played only a small role in the work of most of our Chiropodists, though it began to increase rapidly in certain areas during the year 1963. During 1964, domiciliary visiting was recommenced on a reduced scale, and certain conditions were laid down by the County Health Committee. Briefly, a General Medical

Practitioner's note is required for a first visit for domiciliary chiropody treatment, but subsequent visits by the local Health Visitor are necessary. Each case must be followed up and Chiropodists are authorised to make only one visit at a time. That is, each visit must be separately authorised after a visit by the Health Visitor. The reason for requiring the Health Visitor to make frequent visits is that it is considered that persons who are in such a condition that they require domiciliary chiropody, being usually aged and infirm, may need forms of advice and treatment apart from chiropody, and that they will benefit from the Health Visitor attending regularly. It is expected that she will visit monthly and in some cases even more often than this.

At the end of 1966, 28 Clinics were equipped for chiropody and 20 Chiropodists—4 full-time and 16 part-time—were being employed. The establishment for Chiropodists, in terms of whole time officers, is 15.

CHIROPODY TREATMENT CARRIED OUT DURING 1966.

	<i>Elderly</i>		<i>Physically Handicapped</i>		<i>Expectant Mothers</i>		<i>No. of Sessions</i>
	<i>Patients</i>	<i>Treatments</i>	<i>Patients</i>	<i>Treatments</i>	<i>Patients</i>	<i>Treatments</i>	
Treatment at Clinics	5,863	23,149	196	772	2	4	3,276
Domiciliary Treatment	246	753	18	45	—	—	—

The following Table shows the Chiropody sessions which are being conducted at the time of writing this report:—

<i>Clinic</i>	<i>Time of Opening</i>	<i>Chiropodist</i>
ALFRETON Grange Street	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Mrs. A. White
ASHBOURNE St. Oswald's Hospital	1st and 3rd Mondays of the month— 9.30 a.m. to 12.30 p.m.	Mr. T. E. Martin.

<i>Clinic</i>	<i>Time of Opening</i>	<i>Chiropodist</i>
BELPER Field Lane ..	Monday— 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. Alternate Wednesdays— 1.30 p.m. to 4.30 p.m.	Mrs. M. D. Bewley.
BOLSOVER Welbeck Road ..	Thursday— 9.30 a.m. to 12.30 p.m. 1.45 p.m. to 4.45 p.m.	Mr. J. B. Hewitt.
BUXTON Bath Road ..	Monday to Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Saturday— 9.00 a.m. to 12 noon	Miss B. M. H. Wyse.
CHADDESSEN Maine Drive ..	Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	Mr. C. Ward.
CHAPEL-EN-LE- FRITH Eccles Road ..	Monday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mr. S. Fletcher
CHESTERFIELD Brimington Road	Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m.	Mr. J. B. Hewitt. Mr. R. S. Withington.
CHINLEY Lower Lane ..	Friday— 9.30 a.m. to 12.30 p.m.	Mr. S. Fletcher.
CLAY CROSS High Street ..	Tuesday— 9.30 a.m. to 12.30 p.m. Wednesday— 2.00 p.m. to 5.00 p.m.	Mr. A. Roberts.
CLOWNE Creswell Road ..	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m.	Mr. J. B. Hewitt Mrs. C. Wheen.
DERBY Cathedral Road ..	Wednesday— 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Mrs. C. I. Beattie.
DRONFIELD The Grange ..	Tuesday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mrs. C. J. Wheen.
ECKINGTON Gosber Street ..	Friday— 9.30 a.m. to 12.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mrs. C. Wheen. Mr. J. B. Hewitt.

<i>Clinic</i>	<i>Time of Opening</i>	<i>Chiropodist</i>
GLOSSOP George Street ..	Monday— 10.00 a.m. to 1.00 p.m. Wednesday— 9.00 a.m. to 12 noon	Mr. K. Horrox.
HEANOR Wilmot Street ..	Wednesday— 1.30 p.m. to 4.30 p.m. Friday— 1.30 p.m. to 4.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mrs. A. White.
HOPE Edale Road ..	4th Tuesday— 9.45 a.m. to 12.45 p.m. 2nd Monday— 1.45 p.m. to 4.45 p.m.	Mr. S. Fletcher.
ILKESTON Albert Street ..	Monday— 9.30 a.m. to 12.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. 2nd and 4th Wednesday— 9.30 a.m. to 12.30 p.m.	Mr. C. A. Bewley. Mr. C. Ward.
LONG EATON 4 Nottingham Rd.	Alternate Mondays— 9.30 a.m. to 12.30 p.m. Alternate Mondays— 9.30 a.m. to 12.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mr. Q. J. Beattie. Mr. C. Ward.
MATLOCK Lime Grove Walk	Tuesday— 1.30 p.m. to 4.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Mr. D. Nolan.
NEW MILLS High Lea Hall ..	Tuesday— 9.00 a.m. to 12 noon 1.30 p.m. to 4.30 p.m. Wednesday— 9.00 a.m. to 12 noon	Mrs. I. Greenhalgh.
RIPLEY Derby Road ..	1st, 3rd & 5th Wednesdays— 9.30 a.m. to 12.30 p.m. Each Wednesday— 1.30 p.m. to 4.30 p.m. Thursday— 1.30 p.m. to 4.30 p.m.	Mr. C. Ward.
STAVELEY Lime Avenue ..	Wednesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	Mr. J. B. Hewitt.

<i>Clinic</i>	<i>Time of Opening</i>	<i>Chiropodist</i>
	Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	
SHIREBROOK Cliffe House, Church Drive . .	Thursday— 2.00 p.m. to 5.00 p.m.	Mr. A. Ward.
SWADLINCOTE Civic Centre, Off Midland Rd.	Wednesday— 9.00 a.m. to 12. noon Friday— 9.00 a.m. to 12 noon.	Mrs. M. K. Archer.
WHALEY BRIDGE 16 Market Street . .	Monday— 1.30 p.m. to 4.30 p.m.	Mr. S. Fletcher.
WIRKSWORTH Church Street . .	Wednesday— 9.30 a.m. to 12.30 p.m.	Mr. D. Nolan.

Exfoliative Cytology

I wrote the following letter to General Medical Practitioners practising in the Administrative County of Derbyshire, as well as the County Council Maternal and Child Welfare Medical Officers, on 9th October, 1964:—

“Exfoliative Cytology

For your information, the following is a copy of a short report that I submitted to the County Health Committee of the Derbyshire County Council on 29th June, 1964:—

“A paper on ‘Exfoliative Cytology and Screening Procedure’ was read by Mr. ———, F.R.C.S., F.R.C.O.G., at the Association of County Medical Officers of Health in London on 25th October, 1963, and a discussion took place on 7th May, 1964, at a Regional Meeting at Sheffield which was introduced by Dr. Wilson, one of the Senior Medical Officers of the Ministry of Health. A short discussion also took place at the Derbyshire Local Medical Committee on 4th June, 1964, but it is hoped to raise it again at a subsequent meeting, probably on 2nd July.

Exfoliative cytology might reveal cells (intra-epithelial and non-invasive or carcinoma *in situ*) which may later (in 10, 15 or 17 years) develop into clinical carcinoma (invasive growth). Mr. ——— views have been reported by the Secretary of the Association of County Medical Officers of Health as follows:—

‘He emphasised the point that it was not a technique for diagnosing cancer, and he hoped that in their own area, if there were discussions, they would hammer the point home if people started talking about diagnosing cancer, that it was not a technique for diagnosing cancer’. I think even so exfoliative cytology is a well worth-while procedure.

Dr. ——— the Pathologist, in association with Mr. ——— and other Gynaecologists, have been pioneering the procedure in the south of the County. There is, however, a shortage of trained laboratory technicians (non-medical) in certain parts of the country. In Derbyshire I understand there is a sufficiency of technicians in the south, and one technician is being trained in Derby at the moment to work in due course at the Chesterfield Hospital.

It is most important that the patient's own doctor should have an opportunity of deciding whether he wishes to collect the smears himself, or would prefer this being done by one of the Medical Officers at a County Council clinic. If the Derbyshire Local Medical Committee agree in principle to this line being taken, perhaps you would authorise me to arrange for certain of our medical staff being trained by Dr. ——— and Mr. ——— for the collection of smears, and the purchase of the necessary apparatus, which is not likely to be expensive.

You will appreciate that the examination of the smears in the laboratory is done by non-medical technicians, but if one turns out to be positive (which is not likely to happen in about 995 cases out of 1,000) then the patient is examined by the Gynaecologist to see if the clinical examination confirms the laboratory findings. In my opinion, the patient's own doctor should be informed of a positive result so that he can give a suitable explanation for proper evaluation and so avoid excessive fear, before arranging for the Gynaecologist to confirm the findings. I should say at this stage that it is inadvisable for these smears to be taken on pregnant women as there are a number of disadvantages if it is done at that time.

- I would end by saying that this is a very technical subject and it is not easy to give a short definition or to put the position accurately in a few words”.

The County Health Committee passed the following Minute after considering the above report:—

“8306. EXFOLIATIVE CYTOLOGY. Resolved to approve the purchase of apparatus necessary for exfoliative cytology and to agree to appropriate medical staff being trained by Dr. ——— and Mr. ——— of Derby in this technique and that examinations be conducted, as necessary, as outlined in the County Medical Officer of Health's Report”.

The following is a copy of a letter dated 7th July, 1964, that I have received from the Clerk of the Derbyshire Local Medical Committee:—

“My Committee wishes me to inform you that after its recent consultation with you, as County Medical Officer of Health, about the taking of specimens for exfoliative cytology, it unanimously approves of a patient's own doctor having the opportunity of deciding whether to collect the smears himself or to let this be done by one of the Medical Officers employed at a County Council Clinic”.

At the Annual Representative Meeting of the British Medical Association at Manchester on 16th July, 1964, a number of motions on this subject were considered, including one from the Derby Division which reads as follows:—“That the provision of facilities for cervical cytology on a national basis is to be encouraged. It is essential that general practitioners participate in this campaign if they so desire.”

Ultimately the A.R.M. passed the following resolution:—“That this Meeting believes that an extension of the cervical smear service would save many lives and much suffering. It avers that it is the Ministry's bounden duty to make adequate facilities for a cytology service for the early detection of cancer available as a matter of top priority through the hospital service with voluntary general practitioner participation.”

I thought you would be interested in the following extract from the report of the Central Health Services Council for the year ended 31st December, 1963, preceded by a statement made by the Minister of Health. (This report was ordered by the House of Commons to be printed on 8th July, 1964).

"Statement by the Minister of Health

... I have asked Hospital Boards to give due priority to the provision of laboratory facilities for cytological tests for the early detection of cervical cancer in women and have arranged training courses in the required techniques for pathologists and medical laboratory technicians ..."

Exfoliative Cytology

... It was generally agreed that reliance should be place on general practitioners in extending the screening service, and it was to be expected that to an increasing extent there would be pressure on doctors from their own patients. Close liaison would be required between general practitioners and hospital services, so as to ensure that the taking of smears by general practitioners in an area was not begun until the hospital pathology services were able to arrange for the prompt examination of all material sent.

The establishment of special clinics run by local health authorities would seldom be appropriate, although it was recognised that in some areas the best solution might prove to be provision by local health authorities of facilities to help the family doctor in his task, provided that the approval of local medical committces was obtained ..."

The following is an extract from the Report of the Ministry of Health for the year ended 31st December, 1963, on the Health and Welfare Services presented to Parliament by the Minister of Health in July, 1964:—

"... Exfoliative Cytology for Cancer of the Cervix

The value of exfoliative cytology in the early diagnosis of cancer of the cervix is now fully accepted. In the course of the year there was increasing professional and public interest in the possibility in due course of offering routine screening for cervical cancer to all women at risk. Boards have been encouraged to provide cytological facilities as a service to gynaecologists with the intention of extending it to general practitioners as the service developed, but shortage of trained staff limited the amount of work which most hospital laboratories were able to accept. The situation was reviewed by the Standing Medical Advisory Committee of the Central Health Services Council which recognised that there was a need to provide for routine screening of women in the age groups at risk. The Committee advised that steps should be taken to accelerate the provision of cytological facilities in hospital pathological departments and to encourage the recruitment of pathologists and technicians with special training in cytology.

The Minister has accepted that routine screening for cervical cancer should be available to all women at risk. As a start, screening is advised for women over 35 years at five yearly intervals. Boards have been asked to expand facilities for cytology in hospital laboratories and special funds are being provided to meet the running costs of a number of training centres for the staff required. The intention is to rely on general practitioners to carry out the routine screening of their patients, though local health authorities may wish to assist in some areas. Some hospital laboratories are already able to accept smears taken by general practitioners for examination and others will do so as trained staff become available, but it will be some time before a country-wide service can be provided ..."

The Maternal and Child Welfare Medical Officers on the staff of the County Health Department have been trained by Dr. _____ and Mr. _____ at Derby in the technique of smear collection. I gather that there is a shortage of trained technicians for doing the laboratory work. There is, however, a sufficiency of technicians in the laboratory at Derby for dealing with the work in the south of the County. I understand a technician employed at the Chesterfield Royal Hospital is being trained in Derby, who will shortly be able to deal with the work in the north-east of the County. It is understood that facilities are also available at Manchester (The Christie Hospital), Nottingham and Sheffield. It may be, however, some time before the service is fully available throughout the Administrative County, due to the shortage of trained technicians, and it would be advisable, therefore, for the service to develop gradually.

It is known that some general medical practitioners favour collecting the smears themselves and have, in fact, been doing so for some time, particularly in the south of the County. In my opinion that is a desirable tendency, but if a family doctor would prefer not to do this work, then perhaps he would be agreeable to patients being referred to one of the County Council's Ante-natal Clinics for an appointment. The addresses and times of the Clinic sessions are in the County Council's "Health Services Handbook" (of which you have been provided with a copy), but if any difficulties arise in connection with the matter, do not hesitate to communicate with me. It has been decided that patients should be advised to attend their family doctors surgeries after an interval of a fortnight, (Dr. _____ thinks this is a sufficient period) to obtain the result of the examination, whether it be negative or positive."

I wrote the following letter to County Council Maternal and Child Welfare Medical Officers on 5th May, 1965:—

"Exfoliative Cytology"

One of the Maternal and Child Welfare Medical Officers has written to me on the question of the ages of women at which smear collection should take place. I thought, therefore, that you would be interested in the following reply I have written to her, which you may bear in mind when dealing with this matter:—

"In reply to your letter of 2nd May, 1965, providing the resources for examination of the smears in Pathology Departments are adequate, I have no objection to the smears being collected in women of any age, apart from those that are pregnant, or who are unmarried women in their teens. The pregnant woman, however, should be invited for smear collection as soon as possible after the pregnancy is over.

I would remind you that in my circular of the 9th October, 1964, addressed to General Medical Practitioners practising in the Administrative County of Derbyshire and to Maternal & Child Welfare Medical Officers, the following sentence appeared in the Report of the Ministry of Health for the year ended 31st December, 1963:—

'As a start, screening is advised for women over 35 at five yearly intervals.'"

I wrote to the Health Visitors in charge of County Council Clinics on 23rd April, 1965, (and sent copies for their information to the County Council's Medical Staff, and Health Visitors who are not in charge of County Council Clinics), intimating that the County Health Committee had agreed that the following statement on this subject should be displayed in all County Council Clinics, and that Health Visitors should draw the attention of persons attending the clinics to the statement:—

EXFOLIATIVE CYTOLOGY

Commonly called Smear Tests for cancer of the neck of the womb.

Derbyshire County Council accepts the value of exfoliative cytology in the early diagnosis of cancer of the cervix of the uterus, and on the 29th June, 1964, the County Health Committee agreed to some of their medical staff collecting smears for cytological examination at certain County Council Clinics, and these facilities are now available at:—*

Alfreton	Frecheville
Ashbourne	Glossop
Belper	Hackenthorpe
Bolsover	Heanor
Chaddesden	Ilkeston
Chesterfield	Long Eaton
Clay Cross	Matlock
Clowne	Ripley
Derby (Cathedral Road)	Shirebrook
Dronfield	Staveley
Eckington	Swadlincote

* Since this was written, facilities have been provided at Buxton and Hope Clinics, but the Clinics at Frecheville and Hackenthorpe were transferred to the City of Sheffield on 1st April, 1967.

The County Medical Officer of Health has consulted with the Local Medical Committee and it has been agreed that the patient's own doctor should have the opportunity of deciding whether to collect the smears himself or to let this be done by one of the medical officers employed at a County Council Clinic.

This is a service involving the co-operation of general practitioners, local health authorities, and the Regional Hospital Boards, the last being responsible for the examination of the smears when taken.

Full particulars of the County Council's provision were sent to all general medical practitioners in Derbyshire by the County Medical Officer of Health on the 9th October, 1964'.

During the year under review, 8,867 cytology smears were taken at the County Council's Clinics, (which included 285 smears taken at Clinics in Chesterfield).

Mass Radiography

The Regional Hospital Boards provide the Mass Radiography service, and whilst there is not a Unit based in the County, nevertheless the following four Mobile Mass Miniature Radiography Units operate in Derbyshire from time to time:—

Sheffield Regional Hospital Board:

Nottingham Area No. 2 Unit, based on Nottingham.
South Yorkshire Area Unit, based on Doncaster.
Sheffield Area Unit, based on Sheffield.

Manchester Regional Hospital Board:
Unit No. 3, based on Stockport.

In addition there are static Units in Nottingham and Sheffield to which cases may be referred.

Occupational Therapy for Patients suffering from Tuberculosis

By agreement with the County Welfare Committee the Craft Instructors of the Welfare Department give instruction to tuberculosis patients on the recommendation of a Chest Physician. The County Health Committee has agreed to accept financial responsibility for the appropriate portion of the salaries and travelling expenses of the Craft Instructors.

Chest and Heart Association (formerly the National Association for the Prevention of Tuberculosis).

The County Council has for some years made an annual grant to this Association. It is a voluntary body which has been in existence for some sixty years and has done good work in the campaign against tuberculosis. In January 1959 the title of the Association was changed to correspond with the widening scope of their work in the field of chest and heart diseases.

Chest Clinics

This branch of the service is under the control of the Regional Hospital Boards, the Chest Physicians being Officers of the Boards. Nevertheless the County Council pays a proportion of their salaries in respect of the Care and After Care work undertaken by these Officers.

Incontinence Pads

The Ministry of Health, in a circular dated 29th July, 1963, commended to Local Health Authorities the provision of incontinence pads under Section 28 of the National Health Service Act, 1946; this Authority, however, had been providing them under the Act since 1961, mostly at the request of General Medical Practitioners or the County Council's Home Nurses.

These pads have supplied a long-felt want to patients suffering from incontinence, and are also a great relief in easing the burden of looking after them in their own homes. Requests for them have been received in increasing numbers. Particulars of the number of pads supplied are as follows:—

1962	..	3,900
1963	..	6,200
1964	..	11,100
1965	..	21,384
1966	..	45,228

My attention has not been drawn to any problems of disposal.

Protective Pants and Interliners

As a result of a request from the Multiple Sclerosis Society, Manchester Branch, the County Health Committee in May, 1964, agreed to provide, where necessary, a type of incontinence pad which takes the form of "Protective Pants" and "Interliners", and in the year under review 69 pairs of these pants and 14,180 interliners have been supplied to patients (compared with two pairs of pants and 800 interliners during 1966).

HEALTH EDUCATION

I have received the following report from Dr. Julia M. D. Corrigan, on the activities in Health Education during the year:—

"16 m.m. Sound Projectors. We now own 19 projectors, and these are distributed throughout the County for the use of County Health staff and the various local Home Safety Committees, except for one model which is kept at the County Offices for particular use by Dr. Corrigan and Mr. Bartle, the Assistant Health Education Officer. Health Visitors have been instructed in the use and simple maintenance of these projectors by Mr. Bartle and new staff are instructed as soon as possible after they have commenced duty. The continued rise in the popularity of this part of the Health Education services i.e. the use of sound films, has been particularly noticeable within recent years. The instruction of our staff in this field and their great interest in and eagerness to use films, has meant far greater use of equipment and much time has been saved by their own ability to deal with minor breakdowns such as replacing lamps, fuses, etc.

Sound Films. We own 115 films and have a further 22 on long term loan. Copies of the two films "My first Baby" and "Breast Feeding" have been kept in the past with each projector for use by the Relaxation and Mothercraft Classes. This idea of films being kept with projectors has been extended, and copies of films which Health Visitors use very regularly either in clinics, at schools, or for their visits to the meetings of various local voluntary organisations, have been purchased and have been added to the two previously retained outside. These have included such films as "To Janet a Son", "Human Reproduction", "Boy to Man", "Girl to Woman", and "Their First Year". The large library at the County Health Department is very well used and films are in constant circulation. Films on subjects not covered by our own library are hired from the large film libraries when requested. Much time has been spent throughout the year in previewing or appraising films for adding to our library. It is often difficult to secure what one would term as suitable films on the various health topics and endless search goes on to obtain good films.

Filmstrip Projectors. Each main clinic (25 in all) has its own filmstrip and slide projector and is often used at: Relaxation and Mothercraft Classes; Infant Welfare Clinics; Parent-craft sessions; Schools; and for a variety of talks and lectures to meetings of numerous

voluntary organisations such as Church Guild Meetings, Girl Guide Meetings, Women's Institutes and Old People's Clubs.

Filmstrips. We have a library of 452 filmstrips. Sets of strips are kept with each projector for particular use at Relaxation Classes. Mr. Bartle has from time to time made slides for our staff, when they have found they need special illustrations for either clinic or school work.

8 m.m. Loop Projector. This is a very useful visual aid for busy clinics, such as an infant welfare centre, or for exhibition stands. It has proved a very good "catcher of attention" when we have staged special exhibitions and it needs very little attention once it is switched on. We have a number of film loops for this projector but they are still not in great supply and Mr. Bartle has produced a number of loops which have proved successful and popular.

Flannelgraphs. We have a number of flannelgraphs in stock at the Health Department, but most of our Health Visitors have copies, which they retain permanently, of the ones which they use most frequently. Material is readily available for the making up of personal flannelgraphs and this seems to be a more popular idea with our staff who like to and are encouraged to use their own ideas.

Posters and Leaflets. Our policy has been for some years to have a health education topic each month and sets of posters are sent to each Health Visitor. We also have on our mailing lists for these posters general practitioners, old peoples clubs, a number of schools, factories and several youth clubs. During 1966 the following subjects were covered:—

Jan. . .	Colds.	July . .	Feet
Feb. . .	Smoking and Health	Aug. . .	Food Hygiene.
Mar. . .	Immunisations.	Sept. . .	Ears.
April . .	Eggs and Nutrition	Oct. . .	Fireworks Safety.
May . .	Dental Health.	Nov. . .	Home Safety.
June . .	Holiday Safety.	Dec. . .	Christmas Safety.

Supporting leaflets are always available and also quantities of various "child care" literature for Infant Welfare Clinics. Leaflets on any special problems are purchased when requested.

On a number of occasions when no suitable posters have been available for distribution Mr. Bartle has then designed the following posters which a local printer has supplied in the quantities we require:—

- Foot Health 1
- Foot Health 2
- Home Safety
- Holiday Hints before you Go
- Holiday Hints on the Journey
- Holiday Hints on the Beach

Ears — Early Detection
 Ears — Objects
 Ears — Severe earache and discharges
 Prevent accidents 1, 2, 3 and 4

Exhibitions and Displays. Health Visitors have become very adept and versatile at producing pegboard displays in their clinics and it is a never ceasing wonder at the vast variety of ideas which are the product of the same basic material, i.e. each set of monthly posters. Sets of lettering and printed transfer letters are provided for the making of "messages" plus a host of incidental display equipment such as coloured card and paper, crayons and marking pens.

Larger exhibitions are built on request, usually for special occasions and are used mainly in Libraries, Schools and at various local events. The following are some of the exhibitions built, by the Assistant Health Education Officer, for special occasions:—

April 1966—Exhibition for Heanor Home Safety Committee in Public Library.

May, 1966—Home Safety Stand for Starkholmes W.I. Bazaar in the Matlock Town Hall.

May, 1966—Dental Health Exhibition to support the visit by the General Dental Council Exhibition Trailer to the County Show at Elvaston.

June, 1966—Home Safety "Falls" Exhibition for the All Saints Church, Matlock Garden Fete.

June, 1966—Foot Health Exhibition featuring "World Cup Willie" for the official opening of the Swadlincote Secondary School.

July, 1966—Home Safety Exhibition in the Upper School of the Shirebrook Comprehensive School.

August, 1966—Special Home Safety Exhibition for the Conference of all Derbyshire Home Safety Committees in the County Offices, Matlock.

September, 1966—Home Safety Exhibition for Boy Scouts Field Day at Matlock.

September, 1966—Home Safety Exhibition for Boy Scouts Field Day at the Whitworth Institute, Darley Dale.

October, 1966—Exhibition entitled "Co-operation in Home Safety" for the Royal Society for the Prevention of Accidents Annual Conference in London.

Our usual programmes of work in the fields of "Smoking and Lung Cancer" and "Dental Health" have continued. The General Dental Council's Health Exhibition Trailer paid its usual visit to the County Show at Elvaston on Whit-Monday when we had a very successful day with much interest shown, particularly by the children who after looking round the caravan were each given an apple. We also supplemented, this year, the Trailer's attraction with an additional exhibition featuring "Yogi Bear".

Our very successful 1965 Poisons Campaign was repeated for the week commencing 7th November. As before, Home Safety Committees, the Pharmaceutical Society and the majority of the chemists in the County co-operated, and again we felt all the hard work of organising this campaign was well justified.

Another Home Safety idea was developed this year: this was of a small poster designed by the Assistant Health Education Officer and printed by a local printer for the Health Education Service, which was given, free of charge, to local Home Safety Committees who then arranged for them to be displayed in buses operational within their areas. Some Committees arranged for them to appear on their own Councils' vehicles. It is hoped to extend this idea next year when we hope to invite people reading the poster to write to the County Health Department for a free booklet giving Home Safety hints.

A "Foot Health" Campaign was arranged in July, when a visit was paid by a representative of a shoe company to a number of schools in the Alfreton area when he gave talks to the children.

In Service Training. As stated earlier in this report, the Assistant Health Education Officer has spent much time in instructing staff on the handling of equipment, particularly sound projectors. Other sessions have been held throughout the year for School Medical Officers and Health Visitors.

Throughout the year Dr. Corrigan gave lectures to the participants in the Pre-Retirement Courses held mainly at the Lea Green Sports Centre. These dealt particularly with the aspects of "Health and Diet in Retirement". Such courses have become very popular and have spread to various centres throughout the County.

The Assistant Health Education Officer continued with his work in old people's clubs and at the various voluntary organisations throughout the County, making 47 visits to these various groups, and gave talks and showed films on a variety of subjects. Another project which arose during the year was that of Mr. Bartle's visits to the new School Meals Training Centre at Matlock, when he showed the film on emergency resuscitation, "That they may Live", and gave demonstrations of this method on the "ambu manikin". Regular talks on "Safety in the Home" were also given to Home Helps attending courses at the new Home Help Training Centre, Matlock.

The following are some of the activities of the fourteen Home Safety Committees we have in the County:—

Alfreton and Ripley arranged for a number of buses operating within the Alfreton area to display special Home Safety bus/window stickers (posters) which were produced by the County Health Education Service and were made available to all Home Safety Committees. They also organised a poster competition in local schools during

the summer with a theme of "Dangers on Holiday" and another similar competition was held later in the year entitled "Safety at Christmas". Support was also given to the County organised "Poisons Week" Campaign. This was a repeat of the previous year's very successful campaign. A local Home Safety handbook was produced. Representatives were sent, with various resolutions, to the Area No. 4 Home Safety Committee and also to the Annual Conference of the Royal Society for the Prevention of Accidents.

Blackwell participated in the National "Protect Your Child" Campaign. Support was also given to the County "Poisons Week" by displaying posters and circulating bookmarks. A Home Safety exhibition was arranged at the South Normanton Carnival in June. This Committee also supported the National "Design for Safety" Housing Competition. They arranged for the display of posters in support of the National "Home and Outdoor Safety" campaign. A quantity of "fireworks safety" posters were obtained for local display. Serviettes bearing Home Safety slogans were issued to Old People's Committees and to schools for use at their Christmas parties. Publicity material on the dangers of polythene bags was also displayed locally.

Buxton gave aid to students taking part in the Duke of Edinburgh Award Scheme. A local Home Safety newspaper competition was organised in conjunction with the Chapel-en-le-Frith Home Safety Committee. Arrangements were made for Home Safety literature to be given to persons attending hospital in Buxton after "falling" accidents in the home. This Committee also participated in the County-wide "Poisons Week" campaign, by distributing the special bags to local chemists and issuing supporting literature. A "Home Safety" exhibition was organised in the Town Hall from 13th—15th October. Representatives of this Committee attended the Area No. 4 Home Safety Committee meetings in Nottingham and put forward various resolutions. They also supported the national venture "Design for Safety" housing competition promoted by the Royal Society for the Prevention of Accidents.

Chapel-en-le-Frith organised Home Safety talks to Brownies in connection with their "Safety in the Home" proficiency badge. They also organised, in conjunction with Buxton Home Safety Committee, a local newspaper Home Safety competition. A two day Home Safety exhibition was staged in Hayfield. Arrangements were made for local buses to display the home safety posters provided by the County Health Education Service. An essay competition on "Home Safety" was organised in local schools and this committee awarded prizes to three children submitting the best essays. Publicity was given to the flashing light system for housebound elderly people. These are the ones produced by the Derbyshire County Council's Welfare Department. A number of talks on Safety in the Home was given to various groups of local voluntary womens organisations.

Chesterfield supported the national "Protect Your Child" campaign by issuing Home Safety quiz leaflets to junior schools in the Rural District. A number of "poisons posters", produced by the Nottingham Home Safety Council, were purchased and distributed for display to local chemists, doctors' surgeries and old people's clubs. The attention of a soap powder firm, was drawn to the rough edges of plastic beakers which they were giving away with their product. One of these containers had, in fact, cut the lip of a local three year old child. Arrangements were made for the display of the "County" bus stickers on buses operating in their area. A Home Safety Handbook was produced for local distribution. Support was also given to the County's "Poison's Week" campaign. Christmas Safety handkerchiefs and games were distributed.

Clowne distributed "poisons" literature to local chemists and doctors in support of the County "Poisons Week". Recommendations were put forward to their local House Design Sub-Committee regarding swivel-type windows, especially in old people's dwellings, as these would enable the outside to be cleaned without difficulty; also that a minimum of four power points should be provided in kitchens to avoid the danger of trailing flexes. Arrangements were made for the display of the "County" bus stickers in buses operating in their area. A mobile Home Safety display was organised at the Clowne Fete and Gala which gained 2nd prize. An article dealing with Safety in the Home was submitted for insertion in the official Clowne Guide. Fireworks Safety posters were issued for display in local schools.

Dronfield is a new Committee which commenced its activities in February, 1966. They supported the County "Poisons Week" campaign by distributing the paper bags to local chemists and by issuing posters for display and by purchasing leaflets which were distributed to every householder in the Urban District, by the Girl Guides and Boy Scouts Associations. Other supporting literature and posters were displayed at the local library and post offices, shops, clubs and doctors surgeries. A number of the flashing light warning systems were purchased and given to local elderly people and arrangements were made for these to be inspected regularly to ascertain their working ability. An Open/Social evening in a local church schoolroom was organised. Home Safety games and handkerchiefs were purchased for distribution to local junior schools and Brownie packs.

Glossop participated in the County scheme of arranging for the display of Home Safety stickers in local buses. Bookmarks were distributed to junior schools in the Borough, and posters and other home safety propaganda were issued for display to various youth organisations, doctors' surgeries and clinics. The local issue of the danger from unfenced mill lodges was raised. They drew the attention of the Royal Society for the Prevention of Accidents to some sets of Christmas Tree lights which has proved potentially dangerous.

Ilkeston is a new Committee which held its inaugural meeting on 18th November, 1966. The first actual working meeting was held in December, when various activities for the following year were discussed.

Heanor arranged for the display of County prepared bus stickers in local buses. A comprehensive Home Safety exhibition was held in the local library, to which members of all the Home Safety Committees in the County were invited. Arrangements were made for a local cinema to show a slide advertising Home Safety. Literature on various aspects of safety in the home were issued throughout the year to local schools. They supported the County "Poisons Week" campaign. Three local schools organised Mannequin Parades and prizes were given to the best exhibits in flame-proof clothing.

Long Eaton is a new Committee, which held its inaugural meeting on 21st January, 1966. The high-light of their first year's activities was a "Safety on the Water Gala" which they organised in conjunction with the Long Eaton Swimming Club. Fireworks safety posters and leaflets were distributed to local schools. Support was also given to the County "Poisons Week" campaign by the display and distribution of posters and leaflets.

Matlock arranged for the County prepared bus stickers to be displayed in local buses. Arrangements were made for a local maternity home to distribute leaflets dealing particularly with Home Safety for young babies to all their patients. Weight cards bearing home safety slogans were issued to local chemists. The inclusion of a home safety leaflet with Rate Demand Notes was also organised. A Home Safety exhibition was arranged in the Town Hall on the occasion of a local Women's Institute Bazaar. Further home safety exhibitions were organized at the Garden Fete of a local church and for two groups of local boy scouts for their field days. Support was also given to the County "Poisons Week" campaign.

Swadlincote issued the County prepared bus or window stickers for display on the Council's own vehicles. A number of the warning light systems for elderly people were purchased and distributed. Literature and posters on various aspects of 'Home Safety' were issued for display at local schools. Support was also given to the County "Poisons Week" campaign.

Wirksworth made arrangements for a series of short paragraphs on the theme of "Protect your Child" to appear in the local weekly newspaper. A poster competition in local schools was organised. Arrangements were made for the County prepared home safety bus or window stickers to be displayed in local buses. This Committee

organised a Home Safety conference in August to which all the members of the Derbyshire Home Safety Committees were invited. A supply of leaflets, printed in Urdu, and dealing with the making of flame-proof night clothes, was obtained for distribution to the number of Indian mothers who are patients from time to time in the local maternity home. "Home Safety" handkerchiefs and games were distributed to local schools. Support was also given to the County "Poisons Week" campaign. The Committee drew the attention of the local Council to the need for the inspection of electrical wiring in Council Houses.

Particulars of the Use of Films in the Health Education Film Library, 1966

<i>Films</i>	<i>Infant Welfare Clinic</i>	<i>Ante-natal Clinic</i>	<i>Relaxation and Mothercraft Class</i>	<i>Parent Craft Class</i>	<i>School</i>	<i>Voluntary Organisation</i>	<i>Waiting Room</i>	<i>Others</i>	<i>Audience Numbers</i>
He Acts His Age ..	4	-	18	-	5	8	-	-	467
Terrible Twos & Trusting Threes ..	2	-	21	-	4	9	-	-	608
Frustrating Fours & Fascinating Fives ..	-	-	14	-	4	3	-	-	437
From Sociable Six to Noisy Nine ..	-	-	2	-	-	7	-	3	213
From Ten to Twelve ..	-	-	2	-	-	7	-	2	215
The Teens ..	-	-	-	-	-	9	-	1	296
Childhood, The Right of Every Child ..	2	-	13	-	12	5	-	2	1,205
Food For Freddie ..	1	-	5	-	4	11	-	-	511
Nutrition in Pregnancy ..	-	-	56	-	-	-	-	-	425
Tailored for Timothy ..	-	-	48	-	8	-	-	-	489
Nothing To Eat But Food ..	-	1	15	-	23	12	-	-	857
Simple Nutrition ..	-	-	5	-	-	4	-	-	153
Kitchen Magic ..	-	-	12	-	-	-	-	4	297
Something You Didn't Eat ..	-	-	14	-	-	-	-	2	175
What To Eat ..	4	-	21	-	25	3	-	4	2,181
No Toothache For Eskimos ..	-	-	-	-	24	-	-	-	1,245
No Toothache For Noddy ..	2	-	-	-	22	-	-	-	1,241
Let's Keep Our Teeth ..	-	-	4	-	43	4	-	-	903
Where There's A Will ..	-	-	-	-	31	-	-	-	1,200
Tooth In Time ..	2	-	19	-	-	4	-	-	418
Teeth Are to Keep ..	-	-	-	-	8	1	-	-	279
Childbirth Without Fear ..	-	-	25	-	14	-	-	-	499
My First Baby ..	-	-	61	-	16	5	-	-	1,251
Breast Feeding ..	-	-	32	-	2	-	-	-	745
Human Reproduction ..	-	-	17	-	22	-	-	-	294
Learning To Live ..	-	-	12	-	21	4	-	-	1,122
Story of Menstruation ..	-	-	-	-	43	3	-	6	1,347
The Best Of Yourself ..	-	-	-	-	37	-	-	2	1,180
Your Body During Adolescence ..	-	-	-	-	15	9	-	-	805
Girl To Woman ..	-	-	-	-	3	1	-	1	410
Boy To Man ..	-	-	-	-	28	-	-	-	939
Innocent Party ..	-	-	-	-	24	12	-	-	1,208
Quarter Million Teenagers ..	-	-	-	-	19	12	-	-	1,021
To Janet A Son ..	-	-	31	-	20	8	-	-	1,587
Your Skin ..	-	-	-	-	31	14	-	-	1,654
Your Hair & Scalp ..	2	-	1	-	19	3	-	-	1,109
Unwanted Guests ..	-	-	-	-	5	-	-	-	493

<i>Films</i>	<i>Infant Welfare Clinic</i>	<i>Ante-natal Clinic</i>	<i>Relaxation and Mothercraft Class</i>	<i>Parent Craft Class</i>	<i>School</i>	<i>Voluntary Organisation</i>	<i>Waiting Room</i>	<i>Others</i>	<i>Audience Numbers</i>
Smoking & You ..	-	-	-	-	23	-	-	-	580
This Is Your Lung ..	-	-	-	-	32	5	-	-	1,210
Virginian Venture ..	-	-	-	-	12	10	-	-	420
No Smoking ..	-	-	-	-	27	1	-	-	1,560
The Smoking Machine ..	-	-	-	-	24	15	-	-	1,300
Accidents Don't Happen ..	-	-	-	-	13	9	-	7	1,225
Human Factors ..	-	-	-	-	5	13	-	-	1,050
Fabrics & Fireguards ..	2	-	13	-	12	13	-	7	2,143
Life Of Reilly ..	-	-	3	-	12	-	-	-	1,170
Playing With Fire ..	-	-	-	-	14	13	-	2	970
How To Have An Accident In The Home ..	17	-	12	-	14	13	-	3	2,718
That They May Live ..	13	-	21	11	24	35	-	9	3,642
Emergency Resuscitation, Part I ..	-	-	1	-	27	12	-	4	1,118
Emergency Resuscitation, Part II ..	-	-	1	-	13	12	-	4	1,023
Dead Easy ..	13	-	11	-	14	21	-	4	2,594
I'm No Fool Having Fun ..	3	-	2	-	30	-	-	-	1,969
I'm No Fool In Water ..	2	-	2	-	30	-	-	-	1,899
I'm No Fool With Fire ..	-	-	-	-	12	6	-	-	695
Room For Hygiene ..	-	-	14	-	12	5	-	-	563
By Whose Hand ..	-	-	-	-	11	12	-	-	674
Most Precious Gift ..	-	-	12	-	11	12	-	-	794
Jenny Comes Home ..	-	-	26	-	12	-	-	5	607
Your Children Walking ..	-	-	11	-	6	-	-	5	284
Care Of The Feet ..	-	-	4	-	12	-	-	3	397
Your Feet ..	1	1	5	-	28	-	-	6	1,780
Your Children's Eyes ..	-	-	7	-	12	-	-	2	284
You & Your Eyes ..	4	-	-	-	21	-	-	2	1,130
Your Children's Ears ..	-	-	7	-	12	-	-	2	280
You & Your Ears ..	4	-	-	-	22	-	-	2	1,180
You, The Human Animal ..	-	-	-	-	23	-	-	5	2,245
You & Your Five Senses ..	-	-	-	-	12	1	-	-	1,080
You, The Living Machine ..	-	-	-	-	12	11	-	-	1,080
How To Catch A Cold ..	1	-	8	-	22	4	-	6	1,641
Sleepy Heads ..	-	-	2	-	23	5	-	1	1,763
Growing Old ..	-	-	-	-	-	12	-	3	284
Balance Is Life ..	-	-	4	-	5	-	-	1	476
Their First Year ..	2	-	2	-	-	-	-	-	39

<i>Films</i>	<i>Infant Welfare Clinic</i>	<i>Ante-natal Clinic</i>	<i>Relaxation and Mothercraft Class</i>	<i>Parent Craft Class</i>	<i>School</i>	<i>Voluntary Organisation</i>	<i>Waiting Room</i>	<i>Others</i>	<i>Audience Numbers</i>
Specially Hired Films	1	1	1	-	-	8	-	4	298
Giuseppina	2	-	8	-	13	12	-	3	1,437
Mikhal	1	-	2	-	11	11	-	1	1,231
Talking About Kitchens	-	-	11	-	15	6	-	-	1,139
Peak County	1	-	19	11	14	21	-	2	1,625
Champion of Freedom	-	-	-	-	-	11	-	4	450
Journey Forward	-	-	-	-	5	7	-	2	294
Out Shopping	4	-	12	-	10	16	-	1	1,238
One Of Them Is Brett	-	-	-	-	4	7	-	2	240
Shaftesbury's Children	-	-	-	2	3	6	-	4	247
Simple Hand Puppets	2	-	-	12	21	15	-	6	967
Clearing The Air	-	-	-	-	-	2	-	-	61
Time & Two Women	-	-	2	-	-	2	-	1	121

Particulars of Talks, Flannelgraphs and Filmstrips given during 1966

<i>Films</i>	<i>Infant Welfare Clinic</i>	<i>Ante-natal Clinic</i>	<i>Relaxation and Mothercraft Class</i>	<i>Parent Craft Class</i>	<i>School</i>	<i>Voluntary Organisation</i>	<i>Waiting Room</i>	<i>Others</i>	<i>Audience Numbers</i>
Child Welfare ..	42	—	143	—	25	20	—	4	1,891
Ante & Post Natal ..	—	—	222	11	—	—	—	3	1,265
Old Age ..	—	—	—	—	6	9	—	2	1,411
Home & Holiday Safety ..	25	—	26	—	22	42	—	21	2,661
Social, Health & Welfare Services ..	4	—	28	—	19	21	—	7	1,407
Food Hygiene ..	15	—	9	—	13	14	—	4	1,150
Infectious Diseases ..	12	—	20	—	17	9	—	3	1,134
Nutrition ..	27	—	38	—	33	13	—	7	2,325
Sex Education ..	—	—	—	—	56	20	—	6	2,409
Personal Hygiene ..	3	—	19	—	52	11	—	4	1,697
Cancer, & Smoking & Lung Cancer ..	—	3	13	—	49	16	—	8	1,638
Feet ..	6	—	12	—	22	11	—	3	1,242
Dental Health ..	—	—	19	—	38	18	—	9	2,299
Home Nursing & First Aid ..	—	—	13	—	26	16	—	8	1,318

HOME HELP SERVICE

(Section 29)

General Administrative Arrangements

The Home Help Service, outside the Borough of Chesterfield, is under the day-to-day control of the County Home Help Organiser, supervised by the appropriate Medical staff. At the end of the year under review there were one Deputy Home Help Organiser, six Area Organisers and four Assistant Area Organisers. In addition Chesterfield Borough has an Area Organiser.

Further expansion of the service has continued during the year. More Home Helps have been appointed and it has been possible to provide help for more people and for longer periods.

The progress of the scheme during recent years is indicated in the following figures:—

	1962	1963	1964	1965	1966
Home Helps.. ..	497	508	599	679	768
Cases Served ..	2,878	3,177	3,609	4,179	4,428
Area Home Help Organisers ..	6	7	7	7	7
Assistant Area Home Help Organisers	—	—	—	3	4

It is interesting to see the gradually increasing number of elderly people who have benefited from the Home Help service during recent years, as shown by the following figures (which do not include Chesterfield):—

<i>Year</i>	<i>No. of Old Persons assisted</i>
1953	297
1954	460
1955	580
1960	1,504
1961	1,752
1962	2,071
1963	2,309
1964	2,697
1965	3,178
1966	3,799

Availability of the Service

The Area Home Help Organisers may be contacted at the following places:—

- (1) *North-West of the County*—Mrs. Sweeney—Glossop Clinic, Tel. Glossop 4213. 10.30 a.m.-12 noon.
- (2) *North of the County*—Miss Haythornthwaite—Dronfield Clinic. Tel. Dronfield 4527—10.30 a.m.—12 noon.

- (3) *North-East of the County*—Mrs. Brown—Clay Cross Clinic,
Tel. Clay Cross 3131—10.30 a.m.—
12 noon.
- (4) *Centre of the County*—Mrs. Ellis—Ripley Clinic, Tel. Ripley
2320—10.30 a.m.—12 noon.
- (5) *South-East of the County*—Mrs. Holmes—Ilkeston Clinic,
Tel. Ilkeston 3347—10.30 a.m.—12 noon
- (6) *South of the County*—Miss Bracegirdle—Derby Clinic, Tel.
Derby 44543—10.30 a.m.—12 noon.

Particulars of the Service are also available from the local health Visitor (a map and names, telephone numbers and addresses of Health Visitors are given on page 66 of the County Council's Health Services Hand book); the local County Council Clinic or Centre (these are listed under "Districts Separately" in the Hand Book commencing on page 183); or from the County Medical Officer of Health, County Offices, Matlock (telephone number Matlock 3411).

Residents in Chesterfield Borough may obtain information from the Health Department, Town Hall, Chesterfield (telephone, Chesterfield 77232).

The service is available in various cases, of which the following are examples:—

- (a) Maternity.
- (b) Where a housewife falls sick or must have an operation.
- (c) Where a wife is suddenly called away to visit her husband in hospital and arrangements have to be made to look after the children.
- (d) Where elderly people are infirm, or one of whom suddenly falls ill.
- (e) Where several members of a household are ill at the same time.
- (f) Where a doctor requests that a Home Help is necessary to help with a premature infant.
- (g) Tuberculosis.

The last named presents particular difficulties in spite of the fact that Home Helps attending cases of tuberculosis are paid an additional wage of 2d. per hour; whilst such cases are entitled to the facilities available, special safeguards have to be imposed to protect the personnel.

The following recommendations of a committee of medical officers of Local Health Authorities and Chest Physicians of wide experience working in the area of the Manchester Regional Hospital Board are regarded as being most useful in dealing with this difficult problem:—

- (1) All Home Helps employed in a household where there is an infectious case of tuberculosis should be over forty years of age, and should not have young children of their own.

- (2) Home Helps for this work could be drawn from three groups:—
 - (a) Tuberculous women with arrested disease, recommended by the Chest Physician as suitable for the work.
 - (b) Close relatives of the patient who are already family contacts. In this connection the County Health Committee has laid down certain conditions. It is suggested that where family contacts are employed the age limit may be lowered to thirty years in suitable cases.
 - (c) Ordinary domestic helps may be employed subject to the safeguards set out under (1) above, i.e., that they are over forty years of age and do not have young children of their own.
- (3) The precautions against infection will vary according to the type of persons employed. Home Helps with arrested tuberculosis (Group (2) (a) above) would, of course be acquainted with anti-tuberculosis measures and would be under regular supervision by a Chest Physician. Family contacts (group 2 (b) above) would also be under the close examination and supervision of the Chest Physician. Ordinary Home Helps (group 2 (c)) should be radiographed on appointment and subsequently at six-monthly intervals. It is desirable to transfer the Helps at intervals to other types of cases, so as not to use them exclusively for tuberculosis households.
- (4) Home Helps should receive instruction in anti-tuberculosis measures, and this is carried out by the Chest Physician who certifies the Help as suitable for such employment.
- (5) No Home Help should undertake nursing duties, and the use of masks and gloves is not recommended.
- (6) It is necessary to obtain the consent of the patient to the disclosure to the Home Help of the nature of the problem, and the Help should only undertake the work as a volunteer.

Conditions for Home Helps

The present hourly rate for Home Helps is 4s. 9d. per hour. Travelling expenses together with travelling time in excess of forty minutes each day at the normal rate of pay are also paid.

Home Helps are supplied with nylon overalls.

An additional three days holiday each year is allowed to Home Helps after five years service and a further three days holiday after twelve years service.

Employment of Relations

There are cases which arise from time to time when the only person able to take on the duties of a Home Help is a relative of the patient. As a safeguard in such cases the County Health Committee has made a rule that a relative may be employed only on the authorisation of the Chairman and the Vice-Chairman. A condition of approval is that there is no other suitable Home Help available within reasonable travelling distance, who is willing to undertake the case, and that the Area Home Help Organiser should recommend the number of hours to be worked, which in any case should not exceed forty per week.

Rules of Assessment

Recovery of the cost (or part of the cost) of providing Home Helps is made in accordance with a scale of assessment.

Home Help Training Centre

Dean Hill House, Causeway Lane, Matlock, was opened on the 10th October, 1966, for full-time use as a training centre for Derbyshire County Council Home Helps under the supervision of Mrs. N. Hakim, the County Home Help Organiser, assisted by a qualified domestic science tutor paid on a sessional basis.

Home Helps are collected daily, Monday to Friday, from their own homes in groups of 16 for each course of two weeks duration.

Dean Hill House is a well-built stone house of attractive, appearance, set in pleasant grounds on a slight hill overlooking part of Matlock. Every effort is made to keep the atmosphere that of a house rather than an "institution". The Home Helps benefit from meeting each other, as they are able to exchange experiences. Subsequently a team spirit develops as well as a feeling that they were pursuing a worthwhile occupation. The training provided is intended to enable the Home Helps to work in every kind of home and to leave some of her knowledge and expertise with the household that she has served. The Centre costs approximately £10,000 per annum to run, including wages and transport.

MENTAL HEALTH SERVICE

Procedure for Admission to Hospital. This is the same as for 1965, but of course the figures are different.

Training Centres. Routine medical and dental inspections are carried out by the appropriate professional staff of the County Health Department.

At the time of writing this Report it is anticipated that the Parkwood Junior and Adult Training Centres and Hostel, Alfreton, will be opened in September 1967.

The special training activities introduced in the Training Centres in 1965 were expanded during the year under review. Swimming lessons have been increased and physical culture now plays an important part in the well-being of the trainees. Further equipment was provided in the Centres for this purpose. Trainees are taught to use local transport and the outings to places of interest were increased. The results from the special activity training methods are promising, and there is no doubt that there has been a definite, if small, improvement in the self-confidence and social competence of the majority of the trainees.

Open Days and Sales of Work. These took place at all Centres at various times during the year, and demonstrate the degree of skills which have been acquired by the trainees.

Seaside Holiday. The County Council rented a Holiday Camp in Rhyl for two weeks. Two groups were taken, under the charge of the Senior Organiser for Training Centres. In the first week the patients went from the Junior and Adult Training Centres from the north-east and north-west of the County as well as the adults attending the craft instruction classes. In addition, a party of females accompanied by some nurses, went from Whittington Hall Hospital. The remainder went the following week, as well as a party of male patients from Ridgeway Hospital, accompanied by their nurses. The appropriate Training Centre staff went with the trainees. Seaside holidays have been arranged for some years and are greatly enjoyed by trainees and staff, who renew old friendships and form new ones.

Coach outings were arranged for the parties whilst at Rhyl: the young ones were taken to the Zoo and the older ones enjoyed a drive through the pleasant scenery of North Wales, as well as going to the zoo. These outings are educational as well as entertaining. Good weather helped to make this a very successful holiday for all.

Special Care Units for the Subnormal. At the time of writing this Report it is anticipated that the Special Care Unit at Norbriggs House, Mastin Moor, Staveley, will be opened in June 1967.

Provision is being made in the baby and infants rooms in the Parkwood Junior Training Centre, Alfreton, for special care cases.

Social Clubs. These are held in the Senior Training Centres and at Alder House Hostel, Chinley.

Conferences and Courses. Three trainee students successfully completed courses leading to the Diploma of the Training Council for Teachers of the Mentally Handicapped (two with the National Association for Mental Health and one at the Leeds College of Commerce). They were appointed to work at the Training Centres after successfully completing the Courses.

Two further trainee students were accepted for the two-year course commencing in September, 1966, by the Leeds College of Commerce.

Two Senior Mental Welfare Officers completed their two-year course of studies at the Leeds College of Commerce and were awarded the Certificate in Social Work. Two Mental Welfare Officers were accepted by the Manchester College of Commerce for preparation for the examination leading to a similar qualification.

A male Assistant Supervisor employed at one of the Adult Training Centres, was seconded to the one-year Diploma Course for Staffs of Training Centres for Mentally Subnormal Adults, organised by the National Association for Mental Health.

The Senior Organiser for Training Centres and the Supervisor of one of the Adult Training Centres attended a Residential

Conference for Organisers and Supervisors of Training Centres at Manchester in April, 1966, organised by the National Association for Mental Health.

Nine members of the Junior and Adult Training Centres' staff attended a week's Refresher Course held in London during 1966 under the auspices of the National Association for Mental Health.

Two Mental Welfare Officers attended a Refresher Course for Mental Health Workers organised by the University of Bristol, Department of Extra-Mural Studies (Mental Health and Public Health), in March/April, 1966. Two other Mental Welfare Officers and a Supervisor of one of the Junior Training Centres attended the Annual Conference of the Federation of Associations of Mental Health Workers held at Scarborough in April, 1966.

Permission has been given to the National Association for Mental Health for candidates for their Diplomas to attend for practical training at the County Council's Training Centres.

The National Association for Mental Health

This Association is of assistance in arranging Courses of instruction which are attended by Medical Officers employed in the County Health Department of the Council with a view to their being approved under the Medical Examinations (Subnormal Children) Regulations, 1959. It also arranges for Courses in connection with the obtaining of the Diploma of the Association, whereby suitable candidates who are interested in the work of Training Centres are selected to attend these Courses which are held under their auspices. In addition, the Association arranges annual residential refresher courses for personnel who work in the Training Centres. Occasionally it arranges conferences relating to matters dealing with Mental Health. The County Council make an annual subscription of £30 to the Association.

Co-ordination with Regional Hospital Boards and Hospital Management Committees

As in previous years, cordial relations and close co-operation have been maintained with the various Regional Hospital Boards and Hospital Management Committees. Mental Welfare Officers have continued to visit the mentally handicapped and reports on home circumstances are submitted to Hospitals in respect of patients on leave from Hospitals.

Most of the visiting of the mentally ill and the sub-normal and severely sub-normal patients is now carried out on an informal basis. Efforts are now made to find work for some of the patients who have been discharged from Hospital to the community. Others, of course, are attending craft instruction classes and Adult Training Centres.

Under the National Health Service Act, the responsibility for mentally sub-normal and severely sub-normal patients on leave from Hospitals rests with the various Hospital Management Committees,

but since many of the Hospitals do not employ their own Social Workers, arrangements are made with the Medical Superintendents to have the work done by Officers of the Local Health Authority.

With the co-operation of Derby No. 3 Hospital Management Committee and the Hospital Management Committees of other Mental Hospitals, arrangements have been made with the County Ambulance Service for trained attendants to be available, where necessary, for the conveyance of patients to those Hospitals.

Work undertaken in the Community

(a) *Under Section 28 of the National Health Service Act, 1946.*

The work of the Mental Welfare Officers is chiefly concerned with the care and after-care of the mentally handicapped. The Officers visit the patients in their homes bi-monthly or quarterly, but more frequent visits are made if required. Much helpful advice is given in regard to the completion of forms for the Ministry of Social Security and other public departments.

(b) *Under the Mental Health Act, 1959. Admission to Hospitals.*

During the year 1966, as shown in the following table, 1,685 patients were admitted to Mental Hospitals and in respect of 396 of these, Orders were obtained by the Mental Welfare Officers. Also, advice and information was given to patients and relatives in the case of a number of patients admitted informally under the Mental Health Act. It is noteworthy that approximately 76% of the cases were admitted informally under the Mental Health Act, 1959, and it is encouraging that more and more people are realising that mental illness is similar to many other illness in that early treatment may bring about recovery.

Admissions to Hospitals for the Mentally Ill.

During the period 1st January, 1966, to 31st December, 1966, the following numbers of patients were admitted to hospitals for the mentally ill:—

<i>Hospital</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Pastures Hospital, Mickleover	436	499	935
Kingsway Hospital, Derby	118	187	305
Parkside Hospital, Macclesfield	53	62	115
Scarsdale Hospital, Chesterfield	64	72	136
St. Thomas' Hospital, Stockport	3	30	33
Mapperley Hospital, Nottingham	14	11	25
St. Matthew's Hospital Burntwood, Lichfield	1	4	5
Barony Hospital, Nantwich	1	—	1
Middlewood Hospital Sheffield	—	1	1
Walton Hospital, Chesterfield	17	104	121
The Coppice Hospital, Nottingham	1	—	1
Rauceby Hospital, Sleaford, Lincs.	1	—	1
Cheadle Royal Hospital, Cheshire	1	—	1
Mansfield General Hospital, Mansfield	1	—	1
Ashton General Hospital, Ashton-under-Lyne	1	2	3
St. John's Hospital, Lincoln	—	1	1
	<hr/> 712	<hr/> 973	<hr/> 1,685

These were admitted in the circumstances set out below:—

	Males	Females	Total
Mental Health Act, 1959:			
Informal Admissions (Section 5)	527	754	1,281
Admissions for observation (Section 25) ..	31	80	111
Admissions for Treatment (Section 26) ..	6	9	15
Emergency Admissions for Observation (Section 29)	141	129	270
Court Orders for Admission (Section 60) ..	6	1	7
Other admissions. (Section 4) Criminal Justice Act	1	—	1
	<u>712</u>	<u>973</u>	<u>1,685</u>

Many cases originally admitted under Section 29 of the Mental Health Act have been re-admitted, some on several occasions, during the year for further treatment after a short stay in hospital.

(c) *Cases Under Guardianship*

No cases were under Guardianship during 1966.

(d) *Admissions to Hospitals for the Mentally Subnormal*

The following table shows the number of patients admitted during the year 1966:—

	Under Age 16		Over Age 16		Total		Total Cases
	M.	F.	M.	F.	M.	F.	
Informal Admissions	—	—	6	8	6	8	14
Admissions Under Order:							
Section 25	—	—	1	2	1	2	3
Section 26	—	—	—	2	—	2	2
Section 29	1	—	—	—	1	—	1
Section 68	—	—	1	—	1	—	1
Other Admissions:							
Section 4 (Criminal Justice Act)	—	—	1	—	1	—	1
	1	—	9	12	10	12	22

Cases urgently awaiting admission to Hospitals for the Mentally Sub-normal, at 31st December, 1966.

Area	Under 16		Over 16		Total		
	M.	F.	M.	F.	M.	F.	T.
Manchester Regional Hospital Board area (Population 70,980)	2	—	1	—	3	—	3
Sheffield Regional Hospital Board Area (Population 712,360)	26	3	10	7	36	10	46
Whole County	28	3	11	7	39	10	49

The urgent waiting list has been as follows during the last few years:—

1962	1963	1964	1965	1966
110	85	92	80	49*

*(The reason for the decrease in the numbers as compared with those for the previous year is that the waiting lists have been revised following the receipt of the Ministry of Health Memorandum H.M. (65) 104 and Circular 24/65).

In addition to these cases on the urgent waiting list there are a number of mentally sub-normal patients awaiting admission to Hospitals when beds can be provided by the Regional Hospital Boards. Any of these may become urgent at any time owing to the death or illness of aged parents, etc.

Short Term Stay

In order to afford some measure of relief to harassed parents of mentally subnormal patients, during the year 192 cases were admitted to National Health Service Hospitals, 11 to Local Authority residential accommodation and 7 to accommodation provided by voluntary organisations. This has been greatly appreciated by the parents, who have been able to take a holiday or have a rest from the continual care of the patient. Other periods of short term care have been arranged on account of the mother herself being admitted to hospital.

MENTAL HEALTH STATISTICS FOR 1966 **Part I. Number of persons under Local Health Authority care at 31st December 1966**

	Mentally III						Elderly Mentally Infirm*		Psychopathic				Subnormal				Severely Subnormal				Total
	Under 16			16 & over			M.	F.	Under 16		16 & over		Under 16		16 & over		Under 16	16 & over			
	M.	F.	(1)	M.	F.	(2)			M.	F.	(3)	M.	F.	(4)	M.	F.			(5)	M.		F.	(6)
1. Total number..	-	1	293	240	52	66	1	1	26	16	20	27	188	213	182	117	310	291			
2. Attending training centre	-	-	1	-	-	-	-	-	-	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
3. Awaiting entry to training centre	-	-	7	3	-	-	-	-	-	-	-	1	-	24	20	21	11	15	11	2,044	
4. Receiving home training	-	-	-	-	-	-	-	-	-	-	-	-	-	2	6	1	2	8	17	580	
5. Awaiting home training	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	6	
6. Resident in L.A. home/hostel	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	9	7	3	4	26	
7. Awaiting residence in L.A. home/hostel	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	1	1	16	1	22	
8. Resident at L.A. expenses in other homes/hostels	-	-	-	-	-	1	-	-	-	-	-	-	-	2	-	-	-	2	1	6	
9. Resident at L.A. expense by boarding out in private household	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
10. Attending day hospitals	-	-	4	5	-	3	-	-	-	-	-	-	-	-	1	-	-	-	2	15	
11. Receiving home visits and not included in lines 2-10— (a) suitable to attend a training centre (b) Others	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	3	
	-	1	281	231	52	62	1	1	26	16	6	6	6	119	144	38	17	147	153	1,301	

APPENDIX to the Table on page 135.

	<i>Mentally Ill</i>		<i>Subnormal and Severely Subnormal</i>		<i>Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
(2) Attending:					
Training Centres ..	—	1	211	278	490
Craft Classes ..	—	—	—	40	40
Special Care Units ..	—	—	30	7	37
Voluntary or Private Organisations..	—	—	7	6	13
	—	1	248	331	580
(3) Awaiting Entry:					
Training Centres ..	—	10	3	63	76
Craft Classes ..	—	—	—	1	1
Special Care Units ..	—	—	30	6	36
	—	10	33	70	113

Part II. Number of patients awaiting entry to hospital or admitted for temporary residential care.

	Mentally III				Elderly Mental Infirm		Psychopathic				Subnormal				Severely subnormal				Total
	16 & over						16 & over				16 & over				16 & over				
	Under 16		M.	F.	M.	F.	Under 16		M.	F.	M.	F.	Under 16		M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	
1.	Number of persons in L.H.A. area on waiting list for admission to hospital at end of year:																		
(a)	In urgent need of hospital care ..																		
(b)	Not in urgent need of hospital care ..																		
(c)	Total																		
2.	Number of admissions for temporary residential care (e.g. to relieve the family)—																		
(a)	To N.H.S. hospitals																		
(b)	To L.A. residential accommodation ..																		
(c)	Elsewhere																		
(d)	Total																		

Note: Persons shown in item 1 above should also be included in the figures of persons under L.H.A. care on form S.B.L. 625.

Part III. Number of patients referred to Local Health Authority during year ended 31st December 1966

Referred by	Mentally III						Psychopathic						Subnormal						Severely Subnormal						Total
	Under 16			16 & over			Under 16			16 & over			Under 16			16 & over			Under 16			16 & over			
	M.	F.	M.	M.	F.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)			
(a) General practitioners			
(b) Hospitals, on discharge from in-patient treatment			
(c) Hospitals, after or during out-patient or day treatment			
(d) Local education authorities			
(e) Police and courts			
(f) Other sources			
(g) Total			

Note : Only one referral should be recorded for one patient unless the local authority ceased to provide services after one referral and before the next.

LOCAL HEALTH STATISTICS FOR 1966

BIRTHS

Part A. BIRTHS

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936 or Section 255 of the Public Health (London) Act, 1936, adjusted by any notifications transferred in or out of the area.

	Adjusted Live Births	Adjusted Stillbirths	Total Adjusted Births
1. Domiciliary ..	3,961	20	3,981
2. Institutional ..	10,306	218	10,524
3. Total	14,267	238	14,505

Part B. PREMATURE BIRTHS

Number of premature births (as adjusted by any notifications transferred in or out of the area).

Weight at birth	Premature live births												Premature stillbirths	
	Total births	Born in hospital			Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
									Died					
		Died			Total births	Died			Total births	Died			Born	
within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	within 24 hours of birth	in 1 and under 7 days		in 7 and under 28 days	within 24 hours of birth	in 1 and under 7 days		in 7 and under 28 days	in hospital	at home or in a nursing home		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1 2lb 3oz. or less	32	16	6	—	1	1	—	—	6	5	—	—	31	1
2 Over 2lb 3oz. up to including 3lb 4oz.	28	6	6	—	5	1	—	—	5	—	1	—	38	1
3 Over 3lb 4oz. up to and including 4lb 6oz.	136	6	5	1	7	—	—	—	2	—	—	—	24	2
4 Over 4lb 6oz. up to and including 4lb 15oz.	149	4	5	—	14	—	—	—	4	1	—	—	16	1
5 Over 4lb 15oz. up to and including 5lb 8oz.	311	6	3	1	63	1	—	—	6	1	1	—	9	2
6 Total	656	38	25	2	90	3	—	—	23	7	2	—	118	7

1 = 1,000g, or less, 2 = 1,001-1,500g, 3 = 1,501-2,000g, 4 = 2,001-2,250g, 5 = 2,251-2,500g.

CLINIC SERVICES

Part A. ANTE-NATAL AND POST-NATAL CLINICS

Number of women in attendance (see Note 1)		Number of sessions held by (See Note 2)				Total number of sessions in columns 3-6
For ante-natal examination	For post-natal examination	Medical officers	Midwives	G.P's employed on a sessional basis (see Note 3)	Hospital medical staff	
(1)	(2)	(3)	(4)	(5)	(6)	
1,857	111	1,010	93	—	39	1,142

- NOTES: 1. Cols. (1) and (2) should not include women in attendance at sessions held by their own general practitioners.
 2. The actual number of sessions is required not sessions equated to half-days. Sessions held jointly between Medical Officers and Midwives should be counted as Medical Officer sessions.
 3. Col. (5) should not include sessions held by general practitioners for their own patients.
 4. Figures should include those relating to Clinics provided by Voluntary Organisations.

Part B. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of women who attended during the year	(a)	Institutional booked	1,423
		(b)	Domiciliary booked	636
		(c)	Total	2,059
2	Total number of attendances during the year			9,051

Part C. CHILD WELFARE CENTRES

Number of children who attended during the year				Number of sessions held by (See Note 1)				Total number of sessions in columns (5)-(8)	Number of children referred elsewhere (see note 3)	Number of children on "at risk" register at end of year (see note 4)
Born in 1966	Born in 1965	Born in 1961-1964	Total	Medical Officers	Health visitors	G.P's employed on a sessional basis (see Note 2)	Hospital medical staff			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
10,055	11,820	8,287	30,162	1,886	3,273	29	—	5,188	172	7,935

- NOTES: 1. The actual number of sessions is required not sessions equated to half days. Sessions held jointly between Medical Officers and Midwives should be counted as Medical Officer sessions.
 2. Column 7 should not include sessions held by general practitioners for their own patients.
 3. Column 10 should include only children who were referred for special treatment or advice as a result of a medical examination: either to a general practitioner or direct to a specialist, for special diagnosis and/or treatment. This does not include the child found to have a temperature or a cold or some minor condition, whose mother is advised that this warrants a visit to the family doctor. Each referral of the same child for different conditions on different occasions should be counted.
 4. An "at risk" register is that commonly used in schemes for the early detection of abnormalities in children and includes such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in the mother, etc. All children on the register should be counted, regardless of whether they attend the centre.
 5. Figures should include those relating to Centres provided by Voluntary Organisations.

Part D. PREMISES

	Purpose built (1)	Adapted (2)	Occupied on a sessional basis (3)	Total (4)
Number of premises in use at end of year for services shown in parts A-C overleaf	21	7	84	112

- NOTES:** 1. A premise should be counted once only, regardless of whether it is used for more than one purpose. Premises provided by Voluntary Organisations should be included.
2. A list giving the names and addresses of any premises (a) opened and (b) closed during the year should be set out below:—
- Premises opened:
Infant Welfare Clinic—Newbold—St. Hughes R.C. Church.
- Premises closed:
Infant Welfare Clinic—Newbold—Newbold Community Association.

**HEALTH VISITING, HOME NURSING
AND HOME HELP**

Part A. HEALTH VISITING

	Cases visited by health visitors	Number of cases
1	Children born in 1966	14,198
2	Children born in 1965	13,397
3	Children born in 1961-64	25,572
4	Total number of children in lines 1-3	53,167
5	Persons aged 65 or over	2,241
6	Number included in line 5 who were visited at the special request of a G.P. or hospital	1,421
7	Mentally disordered persons	90
8	Number included in line 7 who were visited at the special request of a G.P. or hospital	72
9	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	275
10	Number included in line 9 who were visited at the special request of a G.P. or hospital	198
11	Number of tuberculous households visited	599
12	Number of households visited on account of other infectious diseases	173
13	Number of tuberculous households visited by tuberculosis visitors	—

- NOTES:** 1. The list of cases is not comprehensive and other cases which are visited should not be included in the table.
2. If a case is appropriate to more than one line it should be included in all appropriate lines.
3. Figures should include cases visited by voluntary organisations acting as agents of the Authority.
4. In the case of tuberculous households, or other infectious diseases, households only should be counted.
5. No adult case should be included unless some advice or service is given.

Part B. HOME NURSING

1	Total number of persons nursed during the year	10,479
2	Number of persons who were aged under 5 at first visit during the year	258
3	Number of persons who were aged 65 or over at first visit during the year	5,268

NOTE: Figures should include those for voluntary organisations acting as agents of the Authority.

Part C. HOME HELP SERVICE

	Home help to households for persons					Total (6)
	aged 65 or over on first visit during the year (1)	aged under 65 on first visit during the year				
		Chronic sick and tuberculous (2)	Mentally disordered (3)	Maternity (4)	Others (5)	
Number of cases	4,126	256	13	250	167	4,812

NOTE: All cases should be counted, even if help began in the preceding year. No case should be counted more than once, even if help ceased and recommenced during the year.

Part D. DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1966

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day (4)
Doctor not booked (1)	Doctor booked (2)	Total (3)	
171	3,809	3,980	5,008

NOTES: 1. This table relates to women delivered, and not, in the case of multiple births, to infants.
2. Cases appropriate to column (4) should not be entered in the other columns.

DAY NURSERIES, DAILY MINDERS AND REGISTERED NURSING HOMES**Part A. DAY NURSERIES**

	Number at end of year (1)	Number of approved places (2)	Average daily attendance (3)	Number of children on register at end of year (4)
Nurseries maintained by the Authority or by voluntary organisations under Section 22 of N.H.S. Act, 1946	4	205	138.7	192

NOTE: The names and addresses of any day nurseries (a) opened (b) closed during the year should be shown overleaf.

Part B. DAILY MINDERS AND REGISTERED NURSERIES

	Nurseries and Child Minders Regulation Act, 1948		National Health Service Act, 1946 Section 22	
	Premises registered at end of year		Daily mindes registered at end of yea	Daily minders receiving fees from the Authority at end of year
	Factory (1)	Other nurseries (2)		
1 Number	—	21	20	—
2 Number of places (Cols. (1) and (2)) and number of children minded at end of year (Cols. 3 and 4)	—	355	176	—

NOTE: If premises are closed on 31st December, figures should be based on the latest date when they were open.

**Part C. REGISTRATION OF NURSING HOMES UNDER SECTIONS
187 to 194 OF PUBLIC HEALTH ACT, 1936 AS AMENDED
BY THE NURSING HOMES ACT, 1963.**

		Number of Homes (1)	Number of beds provided		
			Maternity (2)	Other (3)	Total (4)
1	Homes registered during year	—	—	—	—
2	Homes whose registrations were withdrawn during year	—	—	—	—
3	Homes on the register at end of year	6	17	83	100

Names of Councils of County Districts to which the Powers and Duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936.

Chesterfield Corporation	} The Powers and duties of the County Council for the respective Areas.
Glossop „	
Ilkeston „	

Names and addresses of day nurseries opened or closed during the year.

- (a) Opened None.
(b) Closed None.

MOTHER AND BABY HOMES**Part A.**

Name and address of home	Provided by (Local Authority or name of voluntary organisation)
St. Joseph's Home, Borrowash House, Borrowash, Derby.	Catholic Children's Society, R.C. Diocese of Nottingham.

Part B.

		Number of cases admitted during year (1)	Number of beds at end of year (2)	Average duration of stay (days) (3)
1	Ante-natal	63	10	48
2	Post-natal	5	7	70
3	Shelter	—	—	—
4	Total	68	17	118

5	Number of cots	9	6	Number of cases included above for which Authority accepted financial responsibility	Nil
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NOTE: Cases which extend over more than one category in col. (1) should be included in the category which applied at the time of admittance. The length of stay of such cases should be broken down for purposes of col. (3).

Part D. (To be completed on only one form for each Authority)

Number of cases for which the Authority accepted financial responsibility but which were sent to homes outside the area	77
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DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A. ATTENDANCES AND TREATMENT**Number of Visits for Treatment During Year**

	Children 0-4 (incl.)	Expectant and Nursing Mothers
*First Visit	1. 372	13. 15
Subsequent Visits	2. 148	14. 26
Total Visits	520	41
Number of Additional Courses of Treatment other than the First Course commenced during year	3. 40	15. —
Treatment provided during the year— Number of Fillings	4. 57	16. 28
Teeth Filled	5. 55	17. 27
Teeth Extracted	6. 465	18. 34
General Anaesthetics given	7. 189	19. 4
Emergency Visits by Patients	8. 158	20. 2
Patients X-Rayed	9. —	21. 1
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	10. 28	22. 14
Teeth Otherwise Conserved	11. 916	
Teeth Root Filled		23. —
Inlays		24. 1
Crowns		25. —
Number of Courses of Treatment Completed during the Year	12. 523	26. 14

Part B. PROSTHETICS

Patients Supplied with F.U. or F.L. (First Time)	27.	1
Patients Supplied with Other Dentures	28.	2
Number of Dentures Supplied	29.	4

Part C. ANAESTHETICS

General Anaesthetics Administered by Dental Officers	30.	25
--	-----	----

Part D. INSPECTIONS

*	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections During Year	A. 672	D. 16
Number of Patients in A and D above who required Treatment	B. 407	E. 16
Number of Patients in B and E above who were Offered Treatment	C. 388	F. 15

Part E. SESSIONS

**Number of Dental Officer Sessions (i.e. Equivalent
Complete Half Days) Devoted to Maternity and
Child Welfare Patients:**

For Treatment	G. 58
For Health Education	H. Not ** apportionable

* The apparent drop in these numbers is due to the new scheme of documentation, pre-school children who would be 5 years of age by the end of 1966 being recorded as school children.

** Health Education work goes on all the time. All parents attending with children are interviewed, advice is given which is supplemented with appropriate literature.

COUNTY OF DERBY

APPENDIX II.

Table of Deaths during the year 1966 in each of the Sanitary Districts, Classified according to Diseases

DISTRICTS	DEATHS FROM VARIOUS CAUSES																																						
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Diseases	Other Circulatory Diseases	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill defined diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes		
(URBAN)																																							
ALFRETON ..	1	-	-	-	-	-	-	-	1	7	9	5	3	19	1	1	33	46	2	46	10	2	13	11	5	5	2	1	-	-	-	-	14	3	6	1	-	247	
ASHBOURNE ..	1	-	-	-	-	-	-	-	-	1	3	-	-	6	-	2	23	24	-	6	12	2	4	2	1	1	-	-	-	-	-	1	4	1	2	-	-	98	
BAKEWELL ..	1	-	1	-	-	-	-	-	-	1	3	-	-	6	-	1	23	14	4	7	5	3	2	2	2	1	1	-	-	-	-	-	8	1	1	-	-	84	
BELPER ..	2	-	-	-	-	-	-	-	1	3	7	3	3	24	1	5	48	50	2	12	22	9	15	12	1	2	3	5	-	-	1	21	4	5	1	-	265		
BOLSOVER ..	1	-	-	-	-	-	-	-	-	3	5	2	-	11	-	1	22	27	1	13	9	1	4	7	5	-	-	-	-	-	-	2	7	2	2	-	-	125	
BUXTON (Borough)	1	-	-	-	-	1	-	-	-	5	5	1	1	31	2	-	59	64	6	58	9	1	15	10	5	-	2	-	-	1	1	2	1	10	-	2	-	-	293
CHESTERFIELD (Bor'gh)	1	-	1	-	-	-	-	-	3	26	37	14	5	74	5	6	151	141	16	82	47	5	62	54	13	7	1	6	-	-	6	69	14	35	11	-	892		
CLAY CROSS ..	1	-	-	-	-	-	-	-	-	2	4	-	1	14	-	1	11	23	1	11	6	3	7	9	-	-	-	-	-	-	-	-	2	-	-	-	-	101	
DRONFIELD ..	1	1	-	-	-	-	-	-	-	5	6	1	-	13	2	3	13	28	1	7	2	1	7	3	-	-	-	1	-	-	1	9	3	6	-	-	110		
GLOSSOP (Borough)	2	-	-	-	-	-	-	-	-	6	4	-	2	31	2	2	56	53	1	14	6	-	23	12	1	1	1	1	1	-	-	5	19	3	3	3	1	259	
HEANOR ..	1	-	-	-	-	-	-	-	-	11	12	4	-	23	1	3	39	60	9	29	15	2	11	18	5	-	3	-	-	-	1	4	17	2	4	1	275		
ILKESTON (Borough)	2	-	-	-	-	-	-	-	-	9	21	5	1	27	3	2	61	75	6	35	16	1	27	38	3	4	-	2	1	2	4	30	5	8	2	-	392		
LONG EATON ..	3	-	-	-	-	-	-	-	-	11	17	4	4	37	3	4	42	76	2	62	20	1	19	17	5	-	4	1	2	-	3	16	6	10	3	-	373		
MATLOCK ..	1	-	-	-	-	-	-	-	-	3	3	4	3	17	-	2	34	59	3	31	9	-	13	7	1	1	-	2	-	-	4	15	3	11	1	-	227		
NEW MILLS ..	-	-	1	-	-	-	-	1	-	4	6	-	-	11	-	-	13	23	1	12	11	-	6	7	-	-	-	-	-	-	2	7	2	4	4	-	109		
RIPLEY ..	1	-	-	-	-	-	-	-	-	3	10	10	1	19	4	2	25	45	7	12	16	2	16	7	2	1	-	1	2	-	3	16	2	5	1	-	215		
STAVELEY ..	1	-	-	2	-	-	-	-	1	3	7	2	3	15	2	2	43	41	3	22	5	-	17	15	5	2	2	-	-	-	1	21	6	4	2	-	227		
SWADLINCOTE ..	1	1	-	-	-	-	-	-	1	8	7	4	3	20	3	-	29	50	7	24	17	2	4	9	2	2	-	1	-	-	1	12	8	-	-	-	210		
WHALEY BRIDGE ..	-	-	-	-	-	-	-	-	-	4	5	2	-	7	-	-	15	10	-	7	5	-	4	1	-	-	1	-	-	-	-	1	-	3	-	-	-	73	
WIRKSWORTH ..	-	-	-	-	-	-	-	-	-	2	4	1	1	3	1	1	7	18	-	4	4	1	2	3	-	3	-	-	-	-	-	2	-	-	-	-	-	57	
URBAN DISTRICTS ..	17	2	4	2	-	1	-	2	7	115	175	62	31	408	30	38	747	927	72	494	246	36	271	244	56	29	24	28	14	4	39	307	53	110	36	1	4,632		
(RURAL)																																							
ASHBOURNE ..	1	-	-	-	-	-	-	-	-	3	6	1	1	8	-	-	25	35	2	13	7	1	5	4	1	-	-	1	-	-	-	12	2	-	1	-	130		
BAKEWELL ..	1	-	-	-	-	-	-	-	-	1	6	10	2	19	-	1	49	52	1	17	13	4	9	9	1	-	-	-	-	-	-	2	18	4	6	-	-	227	
BELPER ..	1	-	1	-	-	-	-	-	-	1	4	5	4	28	1	4	54	93	5	42	30	6	11	14	1	1	-	-	-	-	-	1	17	5	7	-	-	350	
BLACKWELL ..	-	-	-	-	-	-	-	-	-	13	11	7	4	43	2	2	57	87	4	73	15	7	21	33	9	5	1	1	1	1	1	7	45	4	10	3	1	473	
CHAPEL-EN-LE-FRITH	-	-	1	-	1	-	-	-	-	9	9	4	1	12	1	2	39	51	2	41	21	1	11	12	1	1	1	1	2	2	-	20	3	3	3	1	254		
CHESTERFIELD ..	2	1	1	-	-	1	-	1	-	35	42	16	6	88	5	11	135	220	11	104	36	7	49	60	23	3	3	2	4	1	13	54	15	35	10	-	994		
CLOWNE ..	-	-	-	-	-	-	-	-	-	9	13	2	3	15	1	2	35	39	1	19	13	2	10	11	2	-	-	-	-	-	5	17	3	10	1	-	214		
REPTON ..	6	1	1	-	-	-	-	-	1	9	16	7	-	36	1	3	59	91	6	83	18	3	52	28	1	3	2	-	-	-	1	32	11	11	2	-	487		
S.E. DERBYSHIRE ..	-	-	-	-	-	-	-	-	5	23	43	11	3	94	3	13	123	196	17	138	38	9	55	70	5	8	2	6	3	-	-	6	78	16	21	9	-	-	995
RURAL DISTRICTS ..	11	2	4	-	1	1	-	1	8	111	164	55	23	343	14	38	576	864	49	530	191	40	223	241	44	21	9	13	20	2	35	293	63	103	29	2	4,124		
URBAN DISTRICTS ..	17	2	4	2	-	1	-	2	7	115	175	62	31	408	30	38	747	927	72	494	246	36	271	244	56	29	24	28	14	4	39	307	53	110	36	1	4,632		
WHOLE COUNTY ..	28	4	8	2	1	2	-	3	15	226	339	117	54	751	44	76	1,323	1,791	121	1,024	437	76	494	485	100	50	33	41	34	6	74	600	116	213	65	3	8,756		

COUNTY OF DERBY

APPENDIX III.

DEATHS FROM VARIOUS CAUSES

YEAR	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Diseases	Other Circulatory Diseases	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill defined diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes	Death Rate from all Causes, per 1,000 of population*
1950	154	18	25	-	10	2	10	2	26	224	141	113	73	646	34	63	1,039	716	198	1,433	354	65	204	448	72	63	40	117	56	16	76	857	60	178	81	6	7,620	11.13
1951	119	23	19	-	4	4	4	3	18	218	157	111	65	629	30	59	1,056	835	191	1,522	314	238	284	496	70	79	40	117	66	11	77	841	77	159	71	2	8,009	11.67
1952	110	12	17	-	4	4	6	1	18	202	167	107	43	668	21	73	1,027	825	145	1,428	299	24	251	342	72	70	23	109	54	8	63	687	58	218	73	5	7,234	10.56
1953	113	12	11	-	6	2	3	3	22	199	166	104	46	600	40	48	936	850	162	1,340	336	76	264	382	75	61	27	85	42	6	71	692	62	150	66	2	7,060	10.20
1954	80	12	21	-	3	4	3	-	20	207	165	100	54	614	29	53	1,083	942	173	1,428	372	35	274	402	73	80	36	97	74	8	82	763	80	185	84	2	7,638	11.55
1955	74	10	19	1	2	1	6	3	19	205	173	124	58	590	32	65	1,104	962	143	1,431	434	41	282	383	72	80	33	95	68	4	83	763	77	162	88	2	7,689	11.67
1956	51	6	14	-	1	2	1	-	12	205	233	132	63	681	29	52	1,094	1,069	197	1,371	417	26	316	398	73	81	27	84	58	7	86	666	80	193	74	1	7,800	12.29
1957	51	5	16	-	-	3	2	-	7	198	210	122	55	663	43	59	1,231	1,008	158	1,189	454	102	287	376	93	58	24	80	30	6	76	662	55	204	102	8	7,637	12.13
1958	46	5	8	-	1	1	2	-	10	219	230	134	53	658	25	55	1,223	1,213	169	1,324	408	44	381	455	71	69	30	79	47	6	90	635	106	195	81	5	8,078	12.59
1959	34	5	8	-	-	6	-	1	14	206	250	123	58	714	44	55	1,159	1,190	126	1,170	422	84	322	466	77	63	36	65	42	5	91	659	94	183	78	6	7,856	12.22
1960	39	5	7	-	-	-	-	1	10	215	300	134	60	682	40	61	1,121	1,308	145	1,133	415	15	374	434	81	65	40	79	47	4	74	615	96	201	72	4	7,877	12.11
1961	29	8	15	-	2	2	-	-	13	216	267	141	58	640	38	67	1,176	1,312	144	1,191	446	178	469	538	111	70	47	62	43	4	88	606	119	188	72	2	8,362	12.83
1962	33	3	11	-	-	2	-	-	15	201	276	140	60	675	36	61	1,238	1,520	138	1,153	440	56	455	491	124	90	39	67	29	4	99	609	99	190	80	4	8,438	12.80
1963	27	5	11	-	-	1	-	6	8	201	296	149	58	660	47	66	1,182	1,504	151	1,156	453	12	449	533	108	70	29	68	30	4	67	586	112	122	70	3	8,344	12.31
1964	24	2	9	-	1	5	-	1	14	186	308	143	67	756	43	72	1,213	1,605	120	1,024	416	30	436	538	95	77	44	58	39	3	59	568	97	160	83	3	8,299	12.15
1965	29	3	8	-	-	2	-	2	10	210	335	140	61	727	48	76	1,293	1,644	161	971	423	4	403	510	98	56	34	52	43	1	79	546	112	187	67	5	8,340	11.68
1966	28	4	8	2	1	2	-	3	15	226	339	117	54	751	44	76	1,323	1,791	121	1,024	437	76	494	485	100	50	33	41	34	6	74	600	116	213	65	3	8,756	12.29

* Adjusted from 1954 onwards having regard to the "area comparability factor" provided by the Registrar-General (see note on page 14).

